

Student Signature

Office of Financial Aid

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Date

## **Cal Grant A Access Authorization Form**

Student Last Name	Fi	rst Name	Middle Initial	Dominican Student ID Number
Street Address	City	State	Zip	Phone Number
obtain written permission Dominican University of authorization <b>prior to</b> the	to credit your Ca California must re disbursement of	al Grant A Acces release these fund funds and receive	s funds to your account last directly to the student. The the Cal Grant A Access to the Cal Gran	hat Dominican University of California balance. Without this authorization, Students have the ability to rescind this as funds directly. Cal Grant A Access award has been confirmed.
PLEASE CHECK THE	APPROPRIAT	E BOX BELOV	V:	
				California to apply my Cal Grant A I until I rescind it in writing.
Grant A Access f	unds to my accou this creates a bal	ant balance. Pleas ance on my acco	se release the Cal Grant A ount it is my responsibility	versity of California to apply my Cal A Access Funds directly to me. I also ty to make payment arrangements to
regarding my Cal Grant A	nd the explanation A Access funds. I California. I unde	understand this s	statement is effective for	of California's Office of Financial Aid my entire period of enrollment at authorization at any time, but that
This form must be subm				