



Student Name: \_\_\_\_\_

Sac State ID#: \_\_\_\_\_

### FINANCIAL AID AWARD & ENROLLMENT VERIFICATION FORM

This form is submitted by the student to verify their financial aid award(s), cost of attendance and enrollment status. Students **should not** use this form for their own purposes as it intended for a third-party release. **Current students can obtain their financial aid information on their My Sac State account. Prior students can access their award history on [www.studentaid.gov](http://www.studentaid.gov).**

**Submit this completed form:**

- Send from your CSUS email to [sacstatessc@csus.edu](mailto:sacstatessc@csus.edu) with "Financial Aid Verification" in the subject line; **OR**
- Mail the physical form to the address listed at the top left-hand corner of the document

**Allow 5-7 business days for your request to be processed after it has been received by the office. This form is NOT returned to the student as it is intended for the office to disclose the information below directly to the third party.**

### THIRD PARTY RELEASE SECTION

*This section is completed by the student (DO NOT list student information below)*

**NOTE: List one agency per form. The office will send the form on the student's behalf to the agency listed. The student will receive an email confirmation when the form is processed.**

Agency: \_\_\_\_\_ Agency Contact: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_ Agency Fax Number: \_\_\_\_\_

Agency Email (If applicable): \_\_\_\_\_

Identify the semester(s) you need verified: \_\_\_\_\_

Other instruction/notes: \_\_\_\_\_

**I hereby authorize the Financial Aid & Scholarship office at Sacramento State University to release my financial aid, enrollment status and any other relevant information to the following person(s) or agency by signing below.**

Student Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_  
*(\*sending from your CSUS email is acceptable in lieu of a wet signature)*

### FINANCIAL AID & ENROLLMENT VERIFICATION

*The sections below are to be completed by the school*

#### Award Status

\_\_\_ This student has **not applied** for financial aid for the \_\_\_\_\_ school year.

\_\_\_ This student's financial aid file is **incomplete** and eligibility is undetermined for the \_\_\_\_\_ school year.

\_\_\_ This student's financial aid file was **closed** on \_\_\_\_\_

\_\_\_ This student is **not receiving** aid for the following semester(s): \_\_\_\_\_

\_\_\_ This student is **receiving/scheduled to receive aid** for the following semester(s): \_\_\_\_\_

\_\_\_\_\_  
*(start & end period)*

#### Federal Work-Study

\_\_\_ This student is awarded Federal Work-Study \_\_\_ **Yes** \_\_\_ **No** \_\_\_ **Not Applicable**

\_\_\_ This student is eligible for Federal Work-Study but not awarded \_\_\_ **Yes** \_\_\_ **No** \_\_\_ **Not Applicable**



Financial Aid Awards					
Awards based on full-time enrollment. However, disbursement of funds is based on number of units enrolled in at the time of disbursement.					
Grants	Amount \$	Paid Period	Loans/Other	Amount \$	Paid Period
Federal Pell Grant			Direct Subsidized Loan		
Educational Oppty. Grant			Direct Unsubsidized Loan		
State University Grant			Parent/Grad PLUS Loan		
Cal Grant A / B			Dream Loan		
Other:			Other:		
<b>Total Grants/Scholarships</b>	<b>\$</b>		<b>Total Student Loans</b>	<b>\$</b>	

Cost of Attendance (COA)						
The Cost of Attendance (COA), also known as student budgets, are designed to provide students a projection of costs to attend Sacramento State for a nine-month school period. This includes tuition and fees, standard allowances for books, course materials, supplies & equipment, living expenses, transportation, and miscellaneous personal expenses. The housing allowance is based upon students living arrangements while enrolled at Sacramento State. A student may not receive financial aid assistance above their COA. Refer to the current Award Notification Guide found on <a href="http://www.csus.edu/faid">www.csus.edu/faid</a> for details.						
Budget Type: _____ <input type="checkbox"/> With Parent <input type="checkbox"/> Off Campus <input type="checkbox"/> On Campus				Semester(s): _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		
Books/Supplies	Tuition Fees	Mandatory Fees	Food/Housing	Misc./Personal	Transportation	Non-Resident Fees
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Expected Family Contribution (EFC): \$ _____				Total COA \$ _____		

### ENROLLMENT STATUS

Enrollment Status:  Full-time     Three-Quarter     Half-time     Not Enrolled

- This student is enrolled in \_\_\_\_\_ units for the \_\_\_\_\_ semester(s) that begins on \_\_\_\_\_

Program Status:  Undergraduate     Graduate     Credential

Expected Date of Graduation: \_\_\_\_\_

Notes: \_\_\_\_\_

### VERIFYING OFFICIAL

Staff Name: \_\_\_\_\_ Staff Title: \_\_\_\_\_

Staff Signature \_\_\_\_\_ Phone: 916-278-1000, option 2 Email: [sacstatessc@csus.edu](mailto:sacstatessc@csus.edu)

Date Completed \_\_\_\_\_