

California State University, Sacramento Financial Aid & Scholarships Office 6000 J Street • Sacramento, CA 95819-6044 T (916) 278-1000, option 2

Student Name:	
Sac State ID#: _	

THIRD-PARTY FINANCIAL AID AWARD VERIFICATION

A current or former student may use this form to verify their financial aid awards to a third party. **This form is not intended for a student's personal use.** Current students can obtain their financial aid information on their My Sac State account in their Student Center > Financial Aid section.

Submission Method

- Email completed form to Student Service Center at sacstatessc@csus.edu with "Financial Aid Verification" in the subject line from your CSUS email (applicable to current students).
- Mail the physical form to the address listed at the top left-hand corner of the document.
- Drop-off at the Student Service Center in Lassen Hall, Room 1000.
- Fax the form to 916-278-6082.

Processing Time Please allow 5-7 business days for your request to be processed after it has been received by the office. The student will be sent an email confirmation once their request is completed regardless of the submission method.			
Student email:			
THIRD PARTY RELEASE			
NOTE: Please list <u>one</u> agency per form. Your request will be sent to the third-party based on the information provided below. Please type or print legibly. An incomplete form will delay processing.			
Agency:Ag	ency Contact:		
Agency Address:			
Agency Phone Number: A	gency Fax Number:		
Agency Email:			
Identify the semester(s) you need verified: □Fall & Year □S	Spring & Year □Summer & Year		
A. Verification Type - Select ONE option that is the most applicable:			
☐ Enrollment & Award Status ☐ Enrollment Status, Award Status & Cost of Attendance ☐ Enrollment Status & Federal Work-Study			
B. Send to Third-party - Select ONE option below for the office to process your request:			
□Fax □Mail □Email □Pick-up, requires written documentation from the third-party requesting a self-submission by the student.			
If there are any attachments to your request, please include with this form upon submission.			
Student Certification			
I hereby authorize the Financial Aid & Scholarship Office at California State University, Sacramento to release my financial aid, enrollment status and any other relevant information to the third party by signing below.			
Student Signature*:	Date:		
(*Typed signatures are not permitted)			
THIS SECTION IS COMPLETED BY THE OFFICE			
Staff InitialsDate Completed	□Fax □Mail □Email □Pick-up		

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