



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 one agency per form. Your request will be sent to the third-party based on the information provided below. Please type or print legibly.

Agency: _____ Agency Contact: _____

Agency Address: _____

Agency Phone Number: _____ Agency Fax Number: _____

Agency Email: _____

Identify the semester(s) you need verified: Fall _____ Spring _____ Summer _____

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 Initials _____ Date Completed _____ Fax Mail Email Pick-up