California State University
**Dominguez Hills**
Financial Aid Office
1000 East Victoria Street
Carson, CA 90747
(310) 243-3691

Name: _____
Last First MI

Student ID# _____

## Cal B Subsistence Authorization Form

To allow California State University Dominguez Hills to deduct your registration fees from your Cal Grant B award, please sign and date the authorization below and return this form to the Financial Aid Office.

☐ I ***authorize*** *California State University Dominguez Hills* to deduct my registration fees from my total Cal Grant award (including Subsistence). I understand that I can rescind this authorization at any time. However, If I rescind, I understand that I ***must*** pay my registration fees myself before any financial aid will be released to me.

_____ _____
Student Signature Date