



FINANCIAL AID OFFICE  
1000 East Victoria Street, WHB250  
Carson, California 90747  
PHONE: (310) 243-3691

CSUDH ID: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## Financial Aid Document Submission Cover Sheet

Please complete the information requested below, submit this form along with your documents. REMINDER: When uploading your documents to the DropBox, please exercise caution when using Free WiFi or Public Computers as these are not secure.

Student Name: \_\_\_\_\_  
*Enter Last Name, First Name, MI*

Toro Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
*(Area Code) (i.e. 222-1234)*

Be sure to include your CSUDH student ID number on the front and back of each page submitted and allow 24-48 hours for your To Do List to be updated.

### Submission Instructions

In the following page(s), complete all requested information using the fillable document below. Your document must be complete to be accepted by the Financial Aid Office. Forms that are incomplete will remain on your To-Do list in the Student Center.

1. Upon completing this document, scroll to the bottom where you are asked to sign and date. In the signature area, type your name and in the date space type today's date.
2. Save your document. Name your document with your Initials and CSUDH ID #
3. If you have attachments, please have them ready to upload to the DropBox
4. Return to the Financial Aid Forms section to the "Submit My Documents link"
5. Once all documents have been submitted, be sure to close your browser.

Student's Name: \_\_\_\_\_

CSUDH ID# \_\_\_\_\_



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FCGA

### Cal Grant Access Authorization Form

To allow California State University Dominguez Hills to deduct your registration fees from your Cal Grant Access 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 Access). I understand that I may 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