

**RECORDS OFFICE
DEL NORTE HIGH SCHOOL**

Please **PRINT** the information requested below so that a diploma for June 2020 can be ordered with your correct *legal name*.
THIS IS THE FULL, LEGAL NAME ON YOUR BIRTH CERTIFICATE.

NAME USED IN SCHOOL _____ STUDENT ID _____

THE NAME THAT IS PRINTED ON YOUR DIPLOMA IS YOUR LEGAL NAME (USED ON DOCUMENTS SUCH AS YOUR BIRTH CERTIFICATE).

PRINT YOUR FULL LEGAL NAME BELOW- NO INITIALS OR NICKNAMES

FIRST NAME	MIDDLE NAME	LAST NAME

I PLAN TO PARTICIPATE IN GRADUATION CEREMONY ____ YES ____ NO

SOCIAL SECURITY NUMBER _____

SSN number is used to accurately submit your GPA to Cal Grant in order to be eligible for financial aid.

STUDENT SIGNATURE _____

PARENT SIGNATURE _____

Cal Grant Awards are free money provided by the State of California to help pay for the cost of college. If you are a graduating high school senior, meet academic, financial and eligibility requirements, you may qualify to receive a Cal Grant.

To be considered for a Cal Grant award, both of the following requirements must be completed:

- 1) A 2019-2020 Free Application for Federal Student Aid (FAFSA) must be completed by parent/legal guardian with the Federal Processor at www.fafsa.ed.gov by the student March deadline. The application opens October 1st.
- 2) High school must submit a certified Grade Point Average (GPA) to the California Student Aid Commission by October 2019.

Cal Grant GPAs will be accepted only if certified by a school electronically.

If you wish to OPT OUT from your student's electronic GPA submission, please fill out the bottom portion of this form. If the bottom portion is not filled out and signed, student information will be uploaded.

For more information on Cal Grants, please log onto www.calgrants.org

FILL OUT BOTTOM PORTION
ONLY IF YOU ARE OPTING OUT OF CAL GRANT SUBMISSION

As a parent/legal guardian, I am exercising the right to "opt-out" and request that you DO NOT electronically submit my student's information to the California Student Aid Commission for Cal Grant consideration. **I realize that by opting out, my student will not be considered for a Cal Grant Financial Aid Award.**

Student Name (Print): _____ **Student ID:** _____

Parent Name (Print): _____ **Date:** _____

Parent Signature: _____