



If you **do not** want your school to report a GPA, please complete this form and **return it to your high school counselor By March 1st of your 11th grade year.** .

STUDENT INFORMATION

- [illegible]

- [illegible]

- [illegible]

[illegible]

ZIP

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- [illegible]

Date _____

Date _____

Parent email address

Instructions

1. Student Last Name: Enter student last name as it appears/will appear on the student's FAFSA or Dream Act Application.

2. Student First Name: Enter student first name as it appears/will appear on the student's FAFSA or Dream Act Application.

3. Permanent Mailing Address: Enter the student's permanent mailing address, street address, city, state and zip code.

4. Student's Date of Birth: Enter student's date of birth. For example, June 25, 1999 should be entered as 06 25 1999.

5. Student's E-Mail: Enter the student's e-mail address as it appears/will appear on the FASFA or Dream Act Application.

----- STUDENT AND PARENT CERTIFICATION -----

Student's Phone #: Enter the student phone number as it appears/will appear on the FASFA or Dream Act Application.

Parent Phone #: Enter the parent phone number as it appears/will appear on the FASFA or Dream Act Application.

Print Parent Name: Please print parent's full name as it appears/will appear on the FAFSA or Dream Act Application.

Parent E-Mail Address: Enter the parent e-mail address as it appears/will appear on the FASFA or Dream Act Application.

----- FOR SCHOOL USE ONLY -----

Note: As requested by the student and/or parent, please do NOT submit this student's GPA to the California Student Aid Commission.