

# Payment Transaction Form for Schools Cal Grant Programs

|              |
|--------------|
| School use   |
| Award year   |
| 20__ to 20__ |



Schools may use this form to report grant payment transactions supplemental to the Grant Roster. It is not to be used in place of the Grant Roster.

Mail completed form to: **California Student Aid Commission, P.O. Box 419028, Rancho Cordova, CA 95741-9028.**

Please read the instructions on the reverse side of this form before completing. Please type or print clearly. Complete award year in the box located above.

## I. STUDENT INFORMATION

|  |  |  |
|--|--|--|
| 1. Last name<br>First MI   | 2. Birth date (mo/day/yr)  | 3. Social security number<br>□ □ □ - □ □ - □ □ □ □ |
| 4. Program code (check one):<br><input type="checkbox"/> Cal Grant A <input type="checkbox"/> Cal Grant B <input type="checkbox"/> Cal Grant C | 5. For the award year indicated above, this student is a (check one):<br><input type="checkbox"/> New recipient <input type="checkbox"/> Renewal recipient |  |
| 6. Grant Identification number<br>□ □ □ □ □ □ □ □ □ □  |  |  |

## II. STUDENT UPDATE INFORMATION

|   |  |
|---|--|
| 7. Action code (check one):<br><input type="checkbox"/> Add <input type="checkbox"/> Update | 8. Housing status (check one) - NEW RECIPIENT ONLY<br><input type="checkbox"/> On-campus <input type="checkbox"/> Off-campus <input type="checkbox"/> With parents/relatives |
|---|--|

9. For Renewals only: Need \$ \_\_\_\_\_ .00   Adjusted need \$ \_\_\_\_\_ .00

10. Total academic year award \$ \_\_\_\_\_ .00

### 11a. FALL

|                               | Adjusted     | Adj Reason | Pay Status |
|-------------------------------|--------------|------------|------------|
| Fall total \$ _____ .00       | ****         | ****       | _____      |
| Tuition/fees \$ _____ .00     | \$ _____ .00 | _____      | _____      |
| Subsistence \$ _____ .00      | \$ _____ .00 | _____      | _____      |
| Books & supplies \$ _____ .00 | \$ _____ .00 | _____      | _____      |

### 11b. WINTER

|                               | Adjusted     | Adj Reason | Pay Status |
|-------------------------------|--------------|------------|------------|
| Winter total \$ _____ .00     | ****         | ****       | _____      |
| Tuition/fees \$ _____ .00     | \$ _____ .00 | _____      | _____      |
| Subsistence \$ _____ .00      | \$ _____ .00 | _____      | _____      |
| Books & supplies \$ _____ .00 | \$ _____ .00 | _____      | _____      |

### 11c. SPRING

|                               | Adjusted     | Adj Reason | Pay Status  |
|-------------------------------|--------------|------------|-------------|
| Spring total \$ _____ .00     | ****         | ****       | _____       |
| Tuition/fees \$ _____ .00     | \$ _____ .00 | _____      | _____       |
| Subsistence \$ _____ .00      | \$ _____ .00 | _____      | Subsistence |
| Books & supplies \$ _____ .00 | \$ _____ .00 | _____      | _____       |

### 11d. SUMMER

|                               | Adjusted     | Adj Reason | Pay Status |
|-------------------------------|--------------|------------|------------|
| Summer total \$ _____ .00     | ****         | ****       | _____      |
| Tuition/fees \$ _____ .00     | \$ _____ .00 | _____      | _____      |
| \$ _____ .00                  | \$ _____ .00 | _____      | _____      |
| Books & supplies \$ _____ .00 | \$ _____ .00 | _____      | _____      |

## III. SCHOOL CERTIFICATION (must be completed by the school for all students)

The information reported on this form is consistent with the data used to establish the student's eligibility for Federal Title IV aid and institutional funds. The institution certifies that the appropriate documentation substantiating these changes is maintained by the institution as part of the student's financial aid record. I understand that data revision requests will not be reviewed until award decisions have been calculated.

*The information reported above is true and correct to the best of my knowledge.*

|  |   |                           |
|--|---|---------------------------|
| 12. Name of school   | 13. United States Department of Education school code | 14. Date                  |
| 15. Name and title of school official completing this form | 16. Signature of school official completing this form | 17. Phone number<br>(   ) |

CSAC USE

Initials

# Instructions for Completing the Payment Transaction Form for Schools

All numbered sections on this form must be completed as indicated below. Please type or print clearly. Remember to complete the box with the award year. For more complete instructions please see the California Grant Programs Manual.

## Section I: Student Information

1. Enter the student's name (last, first, middle initial).
2. Enter the student's date of birth (month, day, year).
3. Enter the student's social security number.
4. Enter the correct program code. This form may not be used to change a student's grant program.
5. Check "new recipient" if the student did NOT receive a Cal Grant for the previous award year. Check "renewal recipient" if the student received a Cal Grant for the previous year.
6. Enter the student's nine-digit grant identification number as it appears on the California Aid Report or Renewal letter. Remember to begin with the alpha character C or G.

## Section II: Student Update Information (Refer to the California Grant Programs Manual for detailed instructions)

7. Action Codes: Transactions reported without an action code will **NOT** be processed.  
Check the "Add" box to add a student's complete record to the eligible section of the Grant Roster when the student does not already appear on the roster.  
Check the "Update" box to update a student's record when the student's name already appears on the Grant Roster.
8. Check the appropriate box indicating the student's living arrangements originally determined by information provided on the recipient's Free Application for Student Aid.
9. For **renewal** recipients only — provide the unmet need and/or adjusted unmet need for the entire award year.
10. This is the student's total award for the year. It is intended for school use only.
- 11a-d. **All amounts must be rounded to the nearest dollar total:** This figure is the total term award that the recipient is eligible to receive.  
Tuition/Fees: This figure is the total award that the recipient is eligible to receive for tuition/fees.  
Subsistence: This figure is the total term award a Cal Grant B recipient is eligible to receive for living expenses, transportation, supplies and books.  
Books and Supplies: This figure is the total term award a Cal Grant C recipient is eligible to receive for books and supplies.  
Adjusted: Schools must complete this field with a dollar amount if they are disbursing an amount that differs from the term payment indicated.  
Adj. Reason: This code represents the reason a student was not eligible to receive a full term payment.  
Pay Status: This field is used to indicate the recipient's payment status.  
For more complete instructions, refer to the California Grant Programs Manual.

## Section III: School Certification (must be completed by school for all students)

12. Enter school name. Do not abbreviate.
13. Enter the USDE six- or eight-digit code for your institution.
14. Enter the date this form is completed.
15. Provide the name and title of the school official completing this form.
16. The school official completing this form **MUST** sign in this space.
17. Enter the telephone number, including area code, of the school official who can answer questions regarding this information.

The Commission will process the G-22 form and all resulting changes will be reported to your school through the Grant Roster. The Commission will not return a copy of the G-22 form to the school. The Accepted/Rejected Transaction Report will serve to explain the actions taken. Send the white copy to the Commission and retain the pink copy of this form for your records. Awards are made subject to appropriation of funds in the state budget for the award year.

## **CSAC Privacy Notice on Collection**

The privacy of student personally identifying information (PII) is of the utmost importance to the California Student Aid Commission (CSAC). This information is provided in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

### **Information Purpose**

The information requested on all CSAC forms is collected pursuant to the Government Code Sections 1798 et seq. and 11019.9.

### **Social Security Numbers**

CSAC collects personal demographic information including the Social Security number (SSN) to verify your identity, to protect your individual information from access by others, to determine your eligibility for state student aid funds, and to track the state student aid funds you receive. CSAC complies with the Family Education Rights and Privacy Act and does not share your SSN with federal or other state entities except as prescribed by law.

*Please do not include information that is not requested.*

Information requested is mandatory. Consequences of not providing complete and accurate information may result in a prolonged delay in determining eligibility or an incorrect determination in eligibility.

### **Conditions of Disclosure**

Commission employees may not disclose any personal information in a manner which would link the information to the individual to whom it pertains (Section 1798.3, IPA).

Portions of personal information may be disclosed to other state agencies, educational institutions, and researchers, but only in strict accordance with current statutes regarding confidentiality

### **Your Rights**

You have the right to review your information maintained by CSAC. For questions about this notice, to obtain a written copy of our Privacy Policy, or for information about your rights, please contact:

California Student Aid Commission  
ATTN: Information Office  
11040 White Rock Road Suite 100  
Rancho Cordova, CA 95670

Identity Representative: Patti Colston 916-464-8043

CSAC's full Privacy Policy can be found here: <https://www.csac.ca.gov/post/privacy-policy>