

Assumption Program of Loans for Education (APLE) CHANGE FORM



Complete this form to notify the California Student Aid Commission (Commission) of changes or corrections to your status, name, address, birth date, or Social Security Number (SSN). Provide information for **each** item in Section I. Please read the instructions on the reverse before completing this form. Clearly print all information and sign in Section II.

- Check this box if you **no longer** wish to participate in the APLE program. Complete Items 1 and 2, sign, date, and mail or fax this form to the Commission.

SECTION I. DEMOGRAPHIC INFORMATION

1. Name (Current last, first, middle initial)

Last Name First Name MI
If this is a name change, please print **PREVIOUS name in shaded box below** and attach a copy of your driver's license, SSN card, or marriage certificate.

Previous Last Name First Name MI

2. Social Security Number – If submitting a correction, please print the **INCORRECT NUMBER in the shaded box** and attach a copy of the correct SSN card.

SSN

Previous Incorrect SSN

3. Date of Birth (MM/DD/YYYY) – If submitting a correction, please print the **INCORRECT DATE in the shaded box** and attach a copy of your driver's license or birth certificate.

Birth Date

Previous Incorrect Birth Date

4. Address: *Is this an address change?* Yes No

Mailing Address City State Zip Code

5. Email Address

6. Daytime Phone Number

()

SECTION II. SIGNATURE

I certify to the best of my knowledge that the information I have provided above is true and correct.
(You must sign and date this form.)

Signature

Date

To avoid delays – mail or fax this form as soon as possible after a change occurs or a correction is needed.

Instructions for Completing the APLE Change Form

Section I. Demographic Information The basic information must be provided for all items in this section. Remember to print clearly.

1. Enter your name (current last, first, middle initial). If this is a name change from what was originally provided to the Commission, please enter your previous name (last, first, middle initial) in the shaded box and attach a copy of your driver's license, SSN card, or marriage certificate.
2. Enter your Social Security Number. If your Social Security Number is a change from Commission records, enter the previous incorrect SSN in the shaded box and attach a copy of your Social Security card.
3. Enter your date of birth (month, day, four-digit year). If providing a correction, enter the previous incorrect date of birth in the shaded box and attach a copy of your driver's license or birth certificate.
4. Check "Yes" if the address you are providing is different from the Commission's records. Check "No" if your address is the same as the Commission's records. Enter your mailing address, city, state, and five-or nine-digit zip code.
5. Enter your email address.
6. Enter your daytime telephone number, including area code.

Section II. Signature

Your signature certifies to the best of your knowledge that this information is true and correct.

Use this form only if changes or corrections are necessary. Sign, date, and mail or fax this form as soon as possible after a change occurs or a correction is needed.

State of California Information Practices Act of 1977 & Use of your Social Security Number (SSN)

State as well as federal law protects the individual's right to privacy in information pertaining to oneself. The State of California Information Practices Act of 1977 requires that the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. Maintenance of this information is authorized by Commission policy and the policies of the postsecondary education institutions to which you are applying for aid. Furnishing the information requested on this form is mandatory. Failure to provide such information will delay and may even prevent your receipt of financial assistance. Information furnished on this form may be transmitted to the state and federal governments if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them. The Executive Director of the Commission and the financial aid administrators at the institutions to which you are applying for financial aid are the officials responsible for maintaining the information contained on this form. The SSN is used to verify your identity under record-keeping systems established prior to January 1, 1975, pursuant to authority of the Commission, the California State University, and the California Community Colleges contained in Title 5, California Administrative Code Section 41201, and authority of the Regents of the University of California under Article IX, Section 9 of the California Constitution. The Commission and California public postsecondary education institutions, in compliance with federal statutes and the Equal Protection Clause of the California Constitution, do not discriminate on the basis of race, color, national origin, gender, sex, or physical disability in any of their policies, procedures, or practices. Inquiries regarding these equal opportunity policies may be directed to the Commission and to the financial aid office of the school or college to which you are applying.

If you have any questions, contact the Commission's Specialized Programs Branch:

specialized@csac.ca.gov

or at (888) 224-7268, Option 3

Monday through Friday, between the hours of 10:00 AM – 4:55 PM

Fax: (916) 464-7977

Mail this form to:

California Student Aid Commission
Specialized Programs Branch
ATTN: APLE
P.O. Box 419029
Rancho Cordova, CA 95741-9029

www.csac.ca.gov

