California Dream Act Application

Name/Date of Birth Change Request

California Student Aid Commission

Complete this form to notify the California Student Aid Commission of changes to your name or date of birth.

Please attach documentation that shows your correct name and/or date of birth. For example, a copy of your CA identification, birth certificate, DACA SSN Card, Employment Authorization Card (if you have one), or a Student ID.

Section 1: Dream Ac	t ID / Contact Information
Please provide the following information in the event v	we need to contact you about this request.
Dream Act ID #	Address:
Section 2: Name / Date of Birth	
To correct or update your application information, pleadelay the processing of this request.	ase complete BOTH boxes. Incomplete information will
In the box below enter the old or incorrect information that is currently listed on your CA Dream Act Application.	In the box below enter the new or correct information that is listed on your documentation.
□ 2020-2021 Select the application year(s) to be corrected Last Name First Name M.I.	Last Name First Name M.I.
Date of Birth: Month Day Year	Date of Birth: Month Day Year
Section 3: Student Certification	
By signing this form, I certify to the best of my known is true and correct.	owledge that the information I have provided above
Student signature:	Date:
To view your change request update, please visit www.caldreamact.org to log into your application.	

Please mail your completed form to: California Student Aid Commission

school(s) currently listed on your CA Dream Act application.

studentsupport@csac.ca.gov.

Student Support Services

P.O. Box 419027

Rancho Cordova, CA 95741-9027

It will take approximately 8-10 business days to process your requested change(s). An updated Cal ISIR report will be sent to the

If you have any questions concerning this form, you may contact the California Student Aid Commission at: (888) 224-7268 or