



California Student Aid Commission

INSTITUTIONAL CONTACTS FORM

In order to provide each office at your institution with the appropriate reports and updates, complete the following information and return this form with the Institutional Participation Agreement to the Commission at: csacipa@csac.ca.gov.
As staff change, please make sure to update the institution contacts page in WebGrants.

Institution Name
OPE ID #

Segment

Financial Aid Director:

Name

Phone

Title

Fax

Address

Email

Registrar:

Name

Phone

Title

Fax

Address

Email

Fiscal Officer:

Name

Phone

Title

Fax

Address

Email

Electronic Funds Transfer Coordinator:

Name

Phone

Title

Fax

Address

Email

* Middle Class Scholarship:

Name

Phone

Title

Fax

Address

Email

* Only for CCC, CSU and UC campuses

*** System Administrator:**

Name	<input type="text"/>	Phone	<input type="text"/>
Title	<input type="text"/>	Fax	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>

*** Must be the same individual as the System Administrator listed on the WebGrants "System Administrator" Access Request Form**

*** Chafee Program Coordinator**

Name	<input type="text"/>	Phone	<input type="text"/>
Title	<input type="text"/>	Fax	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>

*** Institution must have a Chafee Program Coordinator. If there is no Chafee Program Coordinator, enter the Financial Aid Director's information.**

*** Authorized Official:**

Name	<input type="text"/>	Phone	<input type="text"/>
Title	<input type="text"/>	Fax	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>

*** Must be the same individual as the Authorized Official (AO) listed on the WebGrants "System Administrator" Access Request Form**

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