FCKB09

## INTRA DISTRICT COLLEGE CHANGE REQUEST



## STUDENT INFORMATION

Last Name	First Name	M.I.	Student ID#
1. I am requesting	a financial aid college change for the fo	llowing semester(s	s):
Fall 20	24/Spring 2025/Summer 2025 2025/Summer 2025 r 2025 only		
2. <b>OPEN</b> my fina	ncial aid file at the following college (ch	oose one):	
Cosum Folsom	an River College (School Code: 001232 nes River College (School Code: 007536 Lake College (School Code: 0038713) ento City College (School Code: 001233	5)	
3. <b>CLOSE</b> my fin	ancial aid file at the following college (o	choose one):	
Cosum Folsom	an River College nes River College Lake College ento City College		
4. <u>Initial</u> below to	indicate your understanding and agreen	nent of the following	ng:
	esubmit a new LRCCD Intra-District Co within the same award year.	llege Change form	n if I need to switch to another LRCCD
I have a	dded the school code of the college chos	sen from #2 above	to my 2024-2025 FAFSA.
	a Cal Grant recipient, I am responsible hygrantinfo.csac.ca.gov). If I do not cor		
	Upload For	<u>m</u>	
By signing, I acknowled he best of my knowled	lge that all information on this form and ge.	any attachment is	true, complete, and accurate to
Student Signature:		Date:	
Comments:	For Office Use		
Staff Signature:		Doto	