



FINANCIAL AID AWARD TRANSMITTAL

Clear Form

STUDENT ID _____ - - _____ NAME(Last, First, Middle) _____ SSN _____ - - _____

MAILING ADDRESS _____

UNDERGRADUATE CALIFORNIA YES US CITIZEN? YES
GRADUATE RESIDENT? NO NO VISA TYPE _____ MALE
TAX CODE _____ FEMALE

AWARD PERIOD
/ / - / /
MM/DD/YY TO MM/DD/YY

AWARDS USING PAY CODES 0-7 (SEE ATTACHED INSTRUCTIONS ABOVE)

TRANS CD(B/C)	AWARD PERIOD	AID ID	PAY CODE	TOTAL AMOUNT	ACCT-CC-FUND-SUB-OBJ-SOURCE	NRT	NAME OF AWARD	COMMENTS
80								
80								
80								
80								

AWARDS USING PAY CODES 8-9 (SEE ATTACHED INSTRUCTIONS ABOVE)

TRANS CD(B/C)	AWARD PERIOD	AID ID	PAY CODE	TOTAL AMOUNT	ACCT-CC-FUND-SUB-OBJ-SOURCE	NRT	NAME OF AWARD	COMMENTS	
81B									
82B		(1)		(2)	(3)		(4)	(5)	(6)
83B		(7)		(8)	(9)				

FORM COMPLETED BY _____ DATE _____ DEPARTMENT _____ PHONE _____

The purpose of this award is to further the education and experience of the recipient. This award is not compensation, salary or wage for services rendered. For information on tax liability, the recipient is advised to contact his/her tax consultant and the Internal Revenue Service.

AWARD AND FUND SOURCE APPROVAL _____ DATE _____

FINANCIAL AID USE ONLY _____ DATE _____

The Federal Privacy Act of 1974 requires that disclosure of your Social Security number is mandatory pursuant to the authority of the Regents of the University of California under Act 1X. Sec. 9 of the California Constitution. This record keeping system was established prior to January 1, 1975. The Social Security number is used to verify your identity. Retention: Financial Aid-5 years, Other-0-5 years.

NOTE: The award above may impact the recipient's existing financial aid programs. Please advise the student to consult the Financial Aid Office for more detailed information.