

UNIVERSITY OF THE
PACIFIC

STUDENT NAME: _____

PACIFIC ID: _____

I hereby acknowledge that my Cal Grant B access/subsistence payment(s) will be applied to my Pacific student account.

I also understand that if I wish to rescind the authorization to apply the Cal B access/subsistence funds to my account, I may do so by submitting a letter to the Student Accounts Office. The letter must contain my name, Pacific ID number, and the term(s) to which the rescinded authorization is applicable.

Student signature _____ Date _____

Student Accounts Office • Finance Center

3601 Pacific Avenue Stockton, CA 95211 Tel 209.946.2517 Fax 209.946.2758 stkscholarships@pacific.edu www.pacific.edu

STOCKTON SAN FRANCISCO SACRAMENTO