

CalKIDS Permanent Opt-Out Request Form

CalKIDS Beneficiaries (over the age of 18) or their parent/legal guardian may decide to permanently opt out of the program. By submitting this opt-out request, you are agreeing that you understand that your child will not receive program grants for higher education, that this decision is permanent, and that your child will not be eligible to participate in the future.

Instructions

- You must provide all of the requested information, then print, hand sign or digitally sign this document, and mail this completed form to ScholarShare Investment Board, Attention: CalKIDS, PO Box 942809, Sacramento, CA 94209-0001.
- You should retain a copy for your records.

Questions? Visit www.calkids.org or call toll-free 888-445-2377 for information or assistance.

CalKIDS Beneficiary First Name

CalKIDS Beneficiary Middle Name (if applicable)

CalKIDS Beneficiary Last Name

Parent/Legal Guardian Name (if Beneficiary is under the age of 18)

CalKIDS Beneficiary Date of Birth

For newborns only, please fill out this section:

Newborn Local Registration Number (LRN)

County of Birth

For students only, please fill out this section:

Statewide Student Identifier (SSID)

County of School, as of applicable Fall Academic Census Date¹

¹Fall Academic Census Day is a day within the Academic Year on which an official count is taken. The Fall Census Day is the first Wednesday in October. Students identified in 1st - 12th grade in 2021-22 should use the county in which they attended school on October 6, 2021. Students identified in 1st grade in subsequent years should use the county in which they attended school on the applicable Fall Academic Census Day.

By signing below, I attest that I am a CalKIDS Beneficiary (award recipient, if 18 years of age or older) or the parent/legal guardian of a CalKIDS Beneficiary with authority to act on their behalf and that in such capacity I possess the legal right to opt out of and disclaim any program grants offered to me by the CalKIDS program. I understand that with this attestation my or my child's eligibility for the CalKIDS program will terminate entirely and will not be reinstated.

Under penalty of perjury and the laws of the state of California, I affirm that I am authorized to execute this attestation and declare that such authority and the statements made within it are true and correct.

I understand that CalKIDS's reliance on this attestation is binding and final.

I further understand that false statements made in connection with this attestation may result in legal action.

Please permanently remove my child/myself from the CalKIDS program.

Signature (Please print and hand sign or digitally sign this document)



CalKIDS
The first step toward college

Print Full Legal Name of CalKIDS Beneficiary or Parent/Legal Guardian

Date

All forms must be either hand signed or digitally signed. Mail this completed form to:

ScholarShare Investment Board, Attn: CalKIDS
Post Office Box 942809, Sacramento, CA 94209-0001