



Cal Grant Access Disbursement Authorization

Office of Financial Aid
1050 North Mills Avenue
Claremont, CA 91711-6101
909.621.8208
Fax: 909.607.1205
Financial_aid@pitzer.edu

1. Student Information

Student Name: _____ Pitzer Email: _____

Pitzer ID: _____ Amount of Access Grant: _____

2. Certification

I authorize Pitzer College to credit my student account with my fall/spring semesters of Cal Grant Access Grant. I understand that the amount of my access grant will be applied to my account and that any remaining money will be refunded to me. I further understand that future bills received by me are due and payable upon receipt. I understand this authorization is valid for the duration of my enrollment at Pitzer College. I understand I have the right to cancel this authorization at any time up until the time the funds are disbursed to my student account.

Student Signature

Date