UCRIVERSITY OF CALIFORNIA

CCVF

1. INSTRUCTIONS

Our office will consider additional costs not currently included in the basic UC Riverside student budget. These costs must be incurred during the same academic year and you must be a current, registered student. If approved, the additional costs will be added to your student budget and you will be offered student loans, based on availability of funds.

Incomplete forms will delay processing. If a section does not pertain to you, indicate zero or not applicable (N/A).

2. STUDENT INFORMATION

Last Name		 First Name		Student Identification Number			
3. ENROLLMENT							
Check One:	Fall	Winter	Spring				
4. LOAN REQUEST							

We will award you the subsidized and/or unsubsidized maximum amounts based on your grade level and need, unless you specify a lower amount below:

I want to borrow \$_____

Award me the maximum subsidized loan only. Do not award/increase the Unsubsidized Loan.

5. PARENT AUTHORIZATION

I, the parent, am enrolled at UC, Riverside and I authorize the Financial Aid Office to verify the information below:

Child Care Provider's Name	()Pho	one Number	
Child Care Provider's Address	Cit	ty Zip	_
Full Name of Child	Age	Relationship to You	
Full Name of Child	Age	Relationship to You	
Full Name of Child	Age	Relationship to You	



2021-2022 CHILD CARE VERIFICATION

CCVF

SID # _____

6. TO BE COMPLETED BY CHILD CARE PROVIDER

I certify that	Customer Name	is paying child ca	are for the ch	hildren listed o	n this form as follows:
Amount of child	care \$	Circle One:	Monthly	Weekly	
	Signature (Child Care Agency	Representative/Babys	sitter)		Date
	Student's Signature				Date
	Print, sign and ema	il as a PDF form to <mark>fad</mark>	ocs@ucr.edเ	I. Processing	imelines apply.