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	()Phone	Number	
Child Care Provider's Address	City	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	



2019-2020 CHILD CARE VERIFICATION

CCVF

SID #_____

6. TO BE COMPLETED BY CHILD CARE PROVIDER

Print, sign and email a	s a PDF form to <u>fadocs@ucr.edu</u> . Processing	timelines apply.	
Student's Signature		Date	
Signature (Child Care Agency Representative/Babysitter)		Date	
Amount of child care \$	Circle One: Monthly Weekly		
Customer Name			
certify that	is paying child care for the children listed o	ildren listed on this form as follows:	