

# CalKIDS Permanent Opt-Out Request

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.

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CalKIDS Beneficiary First Name

CalKIDS Beneficiary Middle Initial (if applicable)

CalKIDS Beneficiary Last Name

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

CalKIDS Beneficiary Date of Birth

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If Beneficiary's eligibility was determined while attending public school, provide Statewide Student Identifier (SSID). SSID can be found by contacting your school or school district.

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If Beneficiary's eligibility was determined at birth, provide Local Registration Number, which can be found on the child's birth certificate.

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If Beneficiary's eligibility was determined while attending public school, provide the county where the student was enrolled on October 6, 2021; OR, if Beneficiary's eligibility was determined at birth, provide the county where the Beneficiary's birth was recorded.

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.

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Signature (Please print and wet sign this document)

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Print Name

Date

**Mail this completed form to:**  
ScholarShare Investment Board  
915 Capitol Mall, Room 590  
Sacramento, CA 95814



**CalKIDS**  
The first step toward college

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