CalKIDS Account Services Form

Please complete this form if you would like to request a name or birth date change, opt out of program communications, or are experiencing account access issues.

Instructions

- You must provide all of the requested information in Section 1, applicable information in Section 2, and your signature in Section 3.
- You must 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.

1. (Current	CalKIDS	Beneficiary	y Inf	formati	ion
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Complete the required information below to identify the CalKIDS Beneficiary:

Beneficiary First Name	Beneficiary Middle Na	ame (if applicable)	Beneficiary Last Name	
neficiary Date of Birth Beneficiary State of I		Birth	Phone Number	
Email Address				
For at birth recipients, con	nplete this section:	For students, complete this section:		
Local Registration Number (LRN) four	nd on child's birth certificate	Statewide Student Identifier (SSID)		
County of Birth ¹ 'For beneficiaries born after July 1, 2022.		County of School, as of applicable Fall Academic Census Date ² ² Fall 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		
2. CalKIDS Account Char Please proceed with the follow	•	2021-22 should use October 6, 2021. S years should use the	the county in which they attended school on the county in which they attended school on the county in which they attended school on the ademic Census Day.	
Updated Beneficiary Na	me*			
Name as currently show	vn in CalKIDS Portal			
State File Number and/	or Local Registration Nu	mber (LRN)		
Please provide the last	name for all parents list	ed on the child's	most recent birth certificate.	
Parent 1 Last Name (as listed o	on child's birth certificate)	Parent 2 Last Nan	ne (as listed on child's birth certificate)	
Updated Beneficiary Da	ate of Birth*			
Updated Beneficiary Co	ounty			
Opt Out of Program Co	emmunications (Circle)	Mail Em	nail	
CalKIDS Account Porta	I Reset** (In cases where a Ca	IKIDS beneficiary is unab	ole to access their account)	

^{*} Updates to beneficiary names or dates of birth may require additional documentation. A representative will reach out to you if needed.

^{**} This may be accepted on a case-by-case basis following a review of the operational needs. A program representative will reach out to you via email to review and complete this process at a scheduled time.

3. Signature And Authorization

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 authorize changes be made to my CalKIDS Account, as requested on this form, and have enclosed the required documentation.

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 the CalKIDS Program'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.

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

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 Attention: CalKIDS PO Box 942809 Sacramento, CA 94209-0001

Program Administered by the ScholarShare Investment Board



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