

**CALIFORNIA GEAR UP
EDUCATION TRUST ACCOUNT
ACCEPTANCE & RELEASE FORM**

This form grants the California Student Aid Commission (Commission) permission to verify your academic information. Please sign where indicated below and return it to the Commission.

Name: _____

Address: _____

City, State and Zip: _____

Phone Number: (_____) _____

Email Address: _____

I understand that the GEAR UP Educational Trust Account award of \$2000 is held in trust for me by the Commission. I understand that to be eligible to withdraw funds from this account I must:

- ✓ enroll in an eligible postsecondary educational institution within one year (12 months) after my high school graduation.
- ✓ agree to notify the Commission of a change of address, or a change in my educational status.

In addition, I

- ✓ give permission to release to the Commission any information of record in my academic files.

Please check one:

- Send a Qualified Funds Withdrawal Form (QFWF) to the mailing address I provided so that I may withdraw my GEAR UP funds for eligible educational expenses. The QFWF can also be downloaded at the GEAR UP website provided below.
- Hold my GEAR UP funds for future use.

Signature _____ Date _____

Please return this form by mail or fax to:

California Student Aid Commission

GEAR UP

P.O. Box 419029

Rancho Cordova, CA 95741-9029

Fax: 916/464-8240

GEAR UP Website: <http://www.castategearup.org>

Email: Gear-Up@csac.ca.gov