



2022-2023 Transfer Entitlement Cal Grant Verification Form

| ent Aid Con A of at leas ermine you | st 2.40. | In |
|---|----------------------------|-----------------------------------|
| | | |
| Month | Y | ear |
| HS Name or GED/CHSPE | | HSPE |
| City | | State |
| | | |
| Month | Day | Year |
| 2021-22 College of Attendance | | endance |
| | | = |
| | City Month 2021-22 Colle | HS Name or GED/C City S Month Day |

Return To: 5500 University Parkway UH 150 San Bernardino, CA 92407

Tel: (909) 537-5227 Fax: (909) 537-7024