

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 Information

Complete the information below to identify the CalKIDS Beneficiary:

CalKIDS Beneficiary First Name	CalKIDS Beneficiary Middle Name (if applicable)	CalKIDS Beneficiary Last Name
CalKIDS Beneficiary Date of Birth		Daytime Phone Number

Email Address

For newborns, please fill out this section:

Newborn Local Registration Number (LRN)

County of Birth

For students, please fill out this section:

Statewide Student Identifier (SSID)

County of School, as of applicable Fall Academic Census Date¹

¹Fall 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 2021-22 should use the county in which they attended school on October 6, 2021. Students identified in 1st grade in subsequent years should use the county in which they attended school on the applicable Fall Academic Census Day.

2. CalKIDS Account Change Request

Please proceed with the following request:

- Beneficiary Name _____
Current Beneficiary Name as Shown on CalKIDS Portal
- Beneficiary Date of Birth _____
Current Beneficiary Date of Birth as Shown on CalKIDS Portal
- Updated Beneficiary Name* _____
Updated Beneficiary Name
- Updated Beneficiary Date of Birth* _____
Updated Beneficiary Date of Birth

* Please provide proof of documentation confirming change to correct or update legal name and/or date of birth. A review between the ScholarShare Investment Board and relevant state agencies may be required to complete the submitted request.

- Opt Out of Program Communications (Circle) Mail Email
- CalKIDS Account Portal Reset** (In cases where a CalKIDS beneficiary is unable to access their account)

** 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



CalKIDS
The first step toward college