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GRADUATION DATE VERIFICATION (GDV) FORM

INSTRUCTIONS: Please complete the form and have either the Registrar's Office, Program Director, or Appropriate Designee where you received your degree, sign and complete the bottom portion of the form. Transcripts **will not** be accepted in lieu of this form. Verification of degree and graduation date are required in order to be in compliance with the Department of Health Care Access and Information (HCAI) Scholarship Program. Your status **will not** be updated without completion of this form.

PLEASE ENTER ALL INFORMATION CLEARLY

First Name:		Last Name:	
Name of School/Institution:			
Major/Concentration Completed:			
School/Institution Address:	Street:		
	City:		State:
	Zip/Postal Code:		County:

TO BE COMPLETED AND SIGNED BY THE REGISTRAR'S OFFICE, PROGRAM DIRECTOR, OR APPROPRIATE DESIGNEE ONLY

Student's Graduation/Completion Date:

Degree/Certification Obtained:

Student's Cumulative GPA:

I DECLARE UNDER PENALTY OF PERJURY THAT THESE STATEMENTS ARE TRUE AND CORRECT.

Signature

Date

Printed First and Last Name

Email