

2015-2016 Dependency Override Letter of Support Cover

Student Name		LMUID	
LMU requires that students request friends or professionals such as a ps with your family situation.			
Please have each person submitting letter.	a letter in support of your req	uest to be considered i	ndependent, attach this form to their
This section is to be completed by the	ne person writing the letter in s	upport of your depend	lency override.
Name			
Title			
Address			
Phone Number			
Relationship to the student			
Years you have known the student			
Attach a letter (use professional letterhead if applicable) indicating your reasons in support of this student being considered independent of his/her parents.			
I understand that this letter will be the financial aid.	used for the purpose of qualify	ng the student for fed	eral, state and institutional sources of
I certify that the information provided is true.			
I certify that I am aware that the Fin fraud cases to the Federal Processin			erves the right to report all confirmed
Signature:		Dat	te:

To Submit by Mail:

Mail: LMU Financial Aid Office

1 LMU Drive, Suite 270 Los Angeles, CA 90045

Phone: 310.338.2753 Fax: 310.338.2793 To Submit via email:

Click the 'Submit by Email' button if you have an email client configured (eg: Outlook, Outlook Express, Entourage etc.) -OR- save the file to your computer and attach the file using your web-based email (AOL, Yahoo, Gmail, etc.) and send it to finaid@lmu.edu. Documents must be signed before they can be accepted.