

2023-2024 Cal Grant B Access Refund Request Form

Please use black or blue ink while filling out this form.

Last Nam	e	LMU Student ID									
First Nam	ne	Telephone #									
Middle Ir	nitial	Email									
Grant B A balance. You may r balance. T	rant B Access award is designated for costs in cess award will be automatically disbursed request that your Cal Grant B Access award be receive a refund of your Cal Grant B Access return to the Financial Aid Office.	to your student account and will be ap	plie ied	d to	owa your	rd yo	ur d ent	outs : acc	tand ount	ing	
	I am requesting that my Cal Grant B Access a entire amount be paid directly to me.										
	I understand that I am responsible for any un otherwise have reduced or cleared.	paid bills on my student account that my (Cal G	Grar	nt B a	acces	s av	vard	wou	d	
	I understand that I cannot receive a refund for my student account and no earlier than the	-	ces	s av	vard	has b	eer	n dis	burse	d to	
	I understand that this request applies to the wish my Access award to be applied to my st		bmi	t th	is fo	rm ea	ich y	year	if I do	not	:
Student S	ignature	Da	te _								
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Print Form

Mail: **LMU Financial Aid**

1 LMU Drive, Suite 270 Los Angeles, CA 90045

Phone: 310.338.2753

310.338.2793 (Include number of pages Fax:

submitted on fax cover page)

How to Submit this Form:

The Department of Education requires that documents containing personally identifiable information (PII) must be transmitted through secure means. This form cannot be submitted via email. You may mail or fax this form to the address or fax number listed to the left, or you may submit it as a PDF through our Secure Upload page available at financialaid.lmu.edu/upload

> For Office Use Only: Etrieve - Cal Grant B Access

FAO Staff Initial__

Date:_