

2024-2025 Cal Grant B Access Refund Request Form

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

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Last Name		LMU Stude	nt ID									
First Name		Telephone	#									
Middle Initia	ı	Email										
Grant B Acces palance. You may requ palance. To re	B Access award is designated for costs is award will be automatically disbursed est that your Cal Grant B Access award beceive a refund of your Cal Grant B Acces cknowledge these statements. You may	to your student account and will e refunded to you instead of being s award please review the stateme	be appl g applie ents bel	ied d to	o yo	ward our s d ch	d you stude eck e	ur ou ent a each	itsta cco box	unt to	ng	
l a	am requesting that my Cal Grant B Access a atire amount be paid directly to me.	ward NOT be applied to my student	accoun	t ba	alan	ce (i	fany) and	d tha	at the	e	
	nderstand that I am responsible for any un herwise have reduced or cleared.	paid bills on my student account tha	at my Ca	l Gr	rant	Вас	ccess	awa	ard v	voul	d	
	nderstand that I cannot receive a refund for y student account and no earlier than the		nt B Acce	ess	awa	ard h	nas b	een (disb	urse	d to	
	nderstand that this request applies to the omester if I do not wish my Cal Grant B Acces	-						m ea	ach			
Student Signa	nture		Date	·								
Print Form		Γ	How to	o S	ub	mit	thi	s Fo	rm	:]		

Mail: LMU Financial Aid

1 LMU Drive, Suite 270 Los Angeles, CA 90045

Phone: 310.338.2753

Fax: 310.338.2793 (Include number of pages

submitted on fax cover page)

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:__