

## **Dependency Override Letter of Support**

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

| Student Name  |                             | LMU ID       |        |                      |       |         |         |         |         |         |       |
|---|-----------------------------|--------------|--------|----------------------|-------|---------|---------|---------|---------|---------|-------|
| LMU requires that students requesting to be considered independent submit three letters of support from family members, friends or professionals such as a psychologist, therapist, H.S. or college counselor, minister, attorney, social worker familiar with your family situation. |                             |              |        |                      |       |         |         |         |         |         |       |
| Please have each person submitting a letter.  | etter in support of your re | equest to b  | e con  | sidere               | d ind | epend   | lent, c | ıttach  | this fo | rm to t | heir  |
| This section is to be completed by th   | e person writing the let    | ter in sup   | port o | f you                | r dep | ende    | ncy o   | verrid  | le.     |         |       |
| Name  |                             |              |        |                      |       |         |         |         |         |         |       |
| Title   |                             |              |        |                      |       |         |         |         |         |         |       |
| Address   |                             |              |        |                      |       |         |         |         |         |         |       |
| Phone Number  |                             |              |        |                      |       |         |         |         |         |         |       |
| Relationship to the student   |                             |              |        |                      |       |         |         |         |         |         |       |
| Years you have known the student  |                             |              |        |                      |       |         |         |         |         |         |       |
| Attach a letter (use professional letterhe independent of his/her parents.  | ead if applicable) indicat  | ting your re | eason  | s in su <sub>l</sub> | oport | of this | stude   | nt beir | ng cor  | nsider  | ed    |
| I understand that this letter will be used financial aid.   | for the purpose of qualif   | ying the st  | udeni  | forfe                | deral | , state | andiı   | nstitut | ional   | source  | es of |
| I certify that the information provided   | d is true.                  |              |        |                      |       |         |         |         |         |         |       |
| IcertifythatIamawarethattheFinanci<br>fraud cases to the Federal Processing   |                             |              | Unive  | rsityre              | eserv | esthe   | rightt  | orepo   | ortallo | onfirn  | ned   |
| Signature   |                             |              |        | Do                   | ıte:  |         |         |         |         |         |       |
|   |                             |              |        |                      |       |         |         |         |         |         |       |

## **Print Form**

Mail: LMU Financial Aid 1 LMU Drive, Suite 270

Los Angeles, CA 90045

Phone: 310.338.2753 Fax: 310.338.2793

## 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

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FAO Staff Initial\_\_\_\_\_\_
Date:\_\_\_\_\_