Loyola Marymount University
Financial Aid

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 in support of your request to be considered independent, attach this form to their letter.

This section is to be completed by the person writing the letter in support of your dependency 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 used for the purpose of qualifying the student for federal, state and institutional sources of financial aid.

I certify that the information provided is true.

I certify that I am aware that the Financial Aid Office of Loyola Marymount University reserves the right to report all confirmed fraud cases to the Federal Processing Center for legal prosecution.

Signature _____ **Date:** [_____]

How to Submit this Form:

[Print Form]

Mail: LMU Financial Aid
1 LMU Drive, Suite 270
Los Angeles, CA 90045

Phone: 310.338.2753
Fax: 310.338.2793

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