

2025-2026 Cal Grant B Access Refund Request Form

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

Last Name	e	LMU Student IE)								
First Nam	e	Telephone #									
Middle In	itial	Email									
Grant B Ac balance. You may ro balance. To	ant B Access award is designated for costs in cess award will be automatically disbursed equest that your Cal Grant B Access award b o receive a refund of your Cal Grant B Access ou acknowledge these statements. You may	to your student account and will be appeared to you instead of being appeared by a saward please review the statements	plied belo	to w a	owai your nd cl	rd yo stud neck	ur o ent a each	utst acco n bo	andi unt x to	ng	
	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	Gra	nt B a	icces	s awa	ard v	would	d	
	I understand that I cannot receive a refund for my student account and no earlier than the f		cces	ss av	ward	has b	een	disb	urse	d to	
	I understand that this request applies to the c semester if I do not wish my Cal Grant B Acces						rm e	ach			
Student Si	gnature		ate _								
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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:_