

WITNESS 1

Attach a signed letter stating why you feel this student should be considered independent. You may attach documentation that you feel supports this appeal. Please note that a student's self-sufficiency or financial needs alone are not satisfactory reasons for granting this appeal.

I am familiar with the above-named student's family circumstances. I affirm the information provided by me is true and correct. I agree to respond to inquiries concerning this student's circumstances.

WITNESS 1 SIGNATURE

DATE

PRINTED NAME

JOB TITLE

ADDRESS

CITY

STATE

CITY

ZIP

Certification and Signature

WARNING: This form will be used to establish your eligibility for federal student aid funds. If you or your witnesses intentionally give false statements or misrepresentation, you may be subject to a fine, or imprisonment or both, under provisions of the United States Criminal Code.

I affirm the foregoing is true and correct to the best of my knowledge. I grant the witnesses signing this form permission to respond to inquiries from LLCC concerning my circumstances.

STUDENT SIGNATURE REQUIRED on printed form.

DATE

Office Use Only

ACTION ON APPEAL

Financial Aid Administrator Signature

DATE