

2023-2024 REQUEST FOR RENEWAL OF INDEPENDENCY STATUS

Student Information:		
Last Name:	First Name:	MI:
LCC ID #:	Email Address:	
If you submitted a request for independ Financial Aid, attach a signed statemer	• •	
 Whether the status of your relations independency, and if so, how the n have occurred since your last requ changed that you are now in contact 	eature of the relationship has chan est for independency or the nature	ged. Example: no changes e of the relationship has
2. Who you currently live with and ho	w this person is related to you.	
3. An explanation of how are being su	upported or how you are supportin	g yourself.
I certify that the facts presented on	this and the attached document	s are true and correct.
Your signature:		Date: