



Date: _____

To Whom It May Concern,

This letter is to verify that _____ SSN# XXX-XX-_____
has demonstrated need and is receiving financial aid from this office for the current academic year.
Student's expected family contribution is \$_____. Please consider the student for an
application fee waiver.

Should you have any questions or need additional information, please contact our office at 310-206-0400.

Sincerely,

Name of Certifying Official: _____

Financial Aid and Scholarships
A-129J Murphy Hall
Box 951435
Los Angeles, CA 90095-1435

(Section below to be completed by the student)

Authorization to Release Financial Aid Information

I, _____ authorize UCLA Financial Aid and Scholarships Office
to release my financial aid need information for the purposes of requesting a fee waiver.

Student UID#: _____ Student DOB: _____

Student Signature: _____ Date: _____