



LOS ANGELES COMMUNITY COLLEGE DISTRICT

R2T4 Overpayment Waiver Form
Education Disruption Due to COVID-19 Coronavirus
Student Attestation

First Name: Last Name: Student ID:

Affected Term (Fall, Winter, Spring, Summer): Affected Year:

I hereby attest that I have experienced a disruption in my education due to the COVID-19 Coronavirus and had to withdraw from all courses in the term and year listed above. The disruption reason is listed below (check all that apply).

- Illness of the student or family member;
Need to become a caregiver or first responder;
Loss of childcare;
Economic hardship;
Inability to access wi-fi due to closed facilities; or
An increase in work hours as a result of the COVID-19 emergency.
Other*

*Explanation if Other is checked:

Four horizontal lines for providing an explanation if 'Other' is checked.

Provide this form to your Financial Aid Office. If emailing, please send from your college email account rather than your personal email account.

For Financial Aid Office Use Only:
Approved
Denied
Comments:
If denied, provide reason: