STUDENT REQUEST FORM: FEE/FINE WAIVER

STUDENT / SITE INFORMATION (ONE FORM PER STUDENT)		
Student First & Last Name		Student ID #
School	Date	Grade Level
Requested by	Phone Number	

CLASS / ACTIVITY / FEE / FINE INFORMATION	
Class/Activity/Fee/Fine	Amount
Teacher	Semester

REASON FOR WAIVER			
PERCENTAGE REQUESTING TO BE WAIVED (Please Indicate)			
30%	60%	OTHER:_____	AMOUNT: $_____

ADMINISTRATOR APPROVAL	
Approved by (printed)	Signature
Title	Date

FINANCE ONLY	
Approved by	Date

BOOKSTORE ONLY: Please submit request **and** backup documentation to Student Activities at CEE for processing.
Thank you!