

Student Representation Fee Waiver Form

Date _____

Processed by _____

Name _____
LAST FIRST

COM ID _____

Education Code section 766060.5 provides that a mandatory student representation fee of \$1.00 per semester may be charged for all students. Students may refuse to pay the fee for **religious, political, financial, or moral** reasons. A separate form must be submitted for each semester.

I am refusing to pay the student representation fee for the

Fall 20__ Spring 20__ Summer 20__ semester

based on the following reason: Religious Political Moral Financial

Student Signature _____ Date _____