

Student Fee Waiver Request

As a SUNY New Paltz employee, I am requesting to have the following fees waived for the \_\_\_\_\_\_\_\_\_\_ semester. Please check the appropriate line(s) below:

 \_\_\_\_\_ Student Health Fee \_\_\_\_\_Athletic Fee \_\_\_\_\_Technology Fee

 Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Banner ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_\_/\_\_\_\_

 Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *HR USE ONLY:*

 Employee Status Confirmed: Yes / No

 HR Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_\_/\_\_\_\_