

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: \_\_\_/\_\_\_\_/\_\_\_\_