

Solano Community College

Student Representation Fee Waiver

Date Received:
Staff Initial:
Processed Date:

By completing and signing this waiver form, I understand that I am electing not to pay the Student Representation Fee. This form must be submitted prior to the start of the term for processing.

Completed forms need to be submitted to the Cashier's Office, which is located on the first floor of Building 400 on the main campus. The waiver form can also be emailed to cashieroffice@solano.edu

Fall Spring Summer _____
Year

Student Name Student Id Number

Address City Zip Code

Student Email Address Cell Phone Number

Student Signature Date

Official use only
Student Rep Fee Waiver Processed:
☐ Yes ☐ No
Date: _____ Staff Initials: _____