Print this form. Complete and return to Human Resources, Building 2455, Suite 221.

Dependent Statement for Fee Remission Authorization

1. _____ _____
Employee Name UID Number

2. Employee Status

☐ Faculty ☐ Unclassified ☐ Unclassified Hourly ☐ Classified

3.

Dependent Name	UID#	SSN	Date of Birth	Relationship

4. Employee Certification

I hereby certify that the above information for fee remission is for myself, my spouse, my son, my stepson, my daughter, my step daughter, or other (as indicated above) and that the individual(s) listed is/are eligible to be claimed as a deduction on my federal tax return. I understand that this fee remission is subject to later audit and verification and that is not verified for required employee and dependency status, I will be billed for tuition and fee costs.

_____ _____
Employee Signature Date