

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