

**Student Representation  
Fee Waiver Form**

Date _____
Processed by _____

Name \_\_\_\_\_  
LAST FIRST

COM ID 

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Education Code section 766060.5 provides that a mandatory student representation fee of \$1.00 per semester may be charged for all students. Students may refuse to pay the fee for **religious**, **political**, **financial**, or **moral** reasons. A separate form must be submitted for each semester.

I am refusing to pay the student representation fee for the

Fall 20\_\_  Spring 20\_\_  Summer 20\_\_ semester

based on the following reason:  Religious  Political  Moral  Financial

Student Signature \_\_\_\_\_ Date \_\_\_\_\_