



SENIOR CITIZEN WAIVER FORM

Student Financial Services

CASS Building

1735 Wahnish Way

Suite 103

Tallahassee, Fl 32307

Phone: 850-561-2949 - Fax: 850-599-8618 - Email: studentaccountsdocs@fam.u.edu

Print Full Name: (Last), (First) Student ID:

Student Address: (Street Address) (Apt #) (City) (State) (Zip Code)

Phone Number: Email Address:

Year: Term: [ ] Fall [ ] Spring [ ] Summer

PLEASE NOTE: Florida Statute 1009.26(4) A state university may waive any or all application, tuition, and related fees for persons 60 years of age or older who are residents of this state and who attend classes for credit.

REQUIRED: Driver's License must be attached to this form for processing.

Registrar's Signature Date

Student's Signature Date

FOR OFFICE USE ONLY

Request: [ ] Approved [ ] Denied

Comments/Reasons Denied:

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SFS Supervisor's Signature Date