



Student Fee Waiver Request

As a SUNY New Paltz employee, I am requesting to have the following fees waived for the _____ semester. Please check the appropriate line(s) below:

_____ Student Health Fee _____ Athletic Fee _____ Technology Fee

Print Name: _____ Banner ID: _____ Date: __/__/__

Employee signature: _____

HR USE ONLY:

Employee Status Confirmed: Yes / No

HR Signature: _____ Date: __/__/__