

SENIOR CITIZEN WAIVER FORM

Student Financial Services FHAC Suite G7 Tallahassee, Florida 32307

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

Print Full Name:		,	_, Student ID:	
	(Last)	(First)		
tudent Address:				
	(Street Address)		(Apt #)	_
	(City)	· · · · · · · · · · · · · · · · · · ·	(State)	(Zip Code)
hone Number:		_	Email Address:	
Year:	Term: □ Fall	□ Spring	□ Summer	
	er's License must be attach	ed to this form	for processing.	Date
Student's Signature			Date	
	Request: [OFFICE USE O Approved	NLY Denied	
Comments/Reason	s Denied:			
SFS Sur	pervisor's Signature			Date