

This cover page includes instructions about where and how to turn in your form. If you are submitting a form that contains personally identifiable information (i.e. name, student ID number, date of birth), we encourage you to **submit the completed form by mail or in person.**

**BY MAIL TO:**

UMD One Stop Student Services  
1117 University Drive, 23 SCC  
Duluth MN 55812

**IN PERSON ON CAMPUS TO:**

**One Stop Student Services**  
23 Solon Campus Center

If you choose to submit the completed form by email, for your security we prefer to receive this form via your **UMD email address (xxxxxxx@d.umn.edu)**. Forms can be sent to [umdhelphelp@d.umn.edu](mailto:umdhelphelp@d.umn.edu).

To learn more about what might be personally identifiable information, visit [studentprivacy.ed.gov](https://studentprivacy.ed.gov).

**No need to print this cover page.**

**STUDENT SERVICE FEE WAIVER REQUEST****Please note:**

Students must be registered for 6 credits or more (3 credits or more in summer term). The waiver is based on the identified location of enrollment, at which its requirements will be completed beyond the 75 mile commuting area from campus.

If you have the University-sponsored Student Health Benefit Plan consult the Office of Student Health Benefits before you submit this request. Waiving this fee may affect your eligibility.

Phone: 612-624-0627 or 1-800-232-9017

E-mail: umshbo@umn.edu

**RETURN FORM:****BY MAIL TO:**

UMD One Stop Student Services  
1117 University Drive, 23 SCC  
Duluth MN 55812

**IN PERSON ON CAMPUS TO:**

**One Stop Student Services**  
23 Solon Campus Center

**QUESTIONS?**

Phone: 218-726-8000

TTY (hearing impaired):

800-627-3529

Email: umdhelp@d.umn.edu

**Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information.**

**Place the cursor in a field and type. Print to add the required signatures.**

Student information				
Last name--type or print	First	Middle		
Student ID number	U of M e-mail @d.umn.edu	Year	Term	
Reason for request options				
Option 1. <input type="checkbox"/> Student Teaching	Location	City	State	Zip
Option 2. <input type="checkbox"/> Research	Location	City	State	Zip
Option 3. <input type="checkbox"/> Other, explain:				
Signatures				
Supervising faculty signature		Date		
Department head signature		Date		
Student financials				
Effective date	Term/year	By	Date	

To request copies of this form in an alternative format: 218-726-8000.

UMD is an equal opportunity employer and educator.