

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 Student Financial Services
1049 University Dr, 129 DAdB
Duluth MN 55812

IN PERSON ON CAMPUS TO:

Student Financial Services
129 Darland Administration Building

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 umdsfs@d.umn.edu.

To learn more about what might be personally identifiable information, visit studentprivacy.ed.gov.

No need to print this cover page.

STUDENT SERVICES FEE ASSESSMENT REQUEST FORM

Directions

To elect to pay the Student Services Fee and fees associated, fill out the form completely and return it to One Stop Student Services. If you are exempt from being assessed the Student Services Fee, you may elect to pay the fee to use or support the services covered by the fee. You must be enrolled for at least one (1) credit or enrolled for Grad 0999 to request the assessment of the Student Services Fee and fees associated. If you are enrolled in the Senior Citizen Education Program, Regents' Scholarship recipients, or Academic Staff Tuition Benefit recipients, you may not request assessment of the Student Services Fee.

Electing to pay the fee does **not** automatically allow you to be eligible for the Student Health Benefit Plan. Contact Boynton Health Services at 612-625-8400 for further information. Programs that receive funds from this fee are listed online on the [One Stop website](#).

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QUESTIONS?

Phone: 218-726-8000
TTY (hearing impaired):
800-627-3529
Email: umdsfs@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 a copy to add the required signature(s) in blue or black ink.

Student Information				
Last name		First		Middle
University ID number		U of M email @d.umn.edu		Phone number
Address		City		State Zip code
Certification				
I understand the University of Minnesota policies regarding the Student Services Fee and related fees associated with the Student Services Fee, and that the fee is non-refundable. I would like the fee to be assessed to my student account for the following term (Check only one and complete the year):				
<input type="checkbox"/> fall 20____ <input type="checkbox"/> spring 20____ <input type="checkbox"/> May/summer 20____				
Student signature			Date	
			Student Services Fees \$ _____	
			Athletics Facility Fee \$ _____	
			Capital Improvement Fee \$ _____	
			Transportation Sustain Fee \$ _____	
			TOTAL ASSESSMENT OF \$ _____	

for office use only		
Processed by	Date received	Date processed

To request copies of this form in an alternative format: 218-726-8000.
The University of Minnesota is an equal opportunity employer and educator.