

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:

One Stop Student Services
University of Minnesota Duluth
1049 University Drive
Duluth MN 55812-3011

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).**

To learn more about what might be personally identifiable information, visit 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

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.

RETURN FORM:

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 University of Minnesota Duluth
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 Duluth MN 55812-3011

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 23 Solon Campus Center

QUESTIONS?

Phone: 218-726-8000
 TTY (hearing impaired):
 800-627-3529
 Email: umdhelp@d.umn.edu

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.