# DEPENDENT CHILD FEE DISCOUNT

Please Check: ☐ Original Application ☐ Revised Application

Please Check: ☐ Fall Semester ☐ Spring Semester

Year: _____

**Student Information**

Student's Name: _____ Student ID#: _____ Date of Birth: _____

**Enrollment Status**

Please Check: ☐ Full-Time Student ☐ Part-Time Student

Estimated Year of Graduation: _____

Number of Credits Enrolled: _____

I certify that I have read Policy 3.130 Educational Privilege Dependent Fee Discount and authorize Human Resource Services to access information related to my enrollment records at LC State.

Student's Signature: _____ Date: _____

**Parent/Employee Information**

Employee Name: _____ Warrior ID#: _____

Department: _____ Campus Phone Number: _____

Please Check: ☐ Classified ☐ Professional ☐ Faculty

Date of Hire: _____

I have read Policy 3.130 Educational Privilege Dependent Fee Discount, and certify that the above named student is my unmarried child through age 25 as of the first day of the semester as defined by the Policy. I understand that this fee discount benefit may impact financial aid awards, and that the benefit may become taxable to me in the event it exceeds $5,250 in a calendar year. Please contact your tax advisor for guidance.

**Routing / Approval (date and approval signature stamp)**

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

VP / President Signature: _____ Date: _____

HRS Office Use Only: _____ Approved _____ Disapproved