

**OFFICIAL MERCED COMMUNITY COLLEGE DISTRICT FORM**  
**STUDENT REPRESENTATION FEE WAIVER FORM**  
STUDENT FEES/#2153/APRIL 2021

I decline to pay the \$2 student representation fee which supports local and statewide community college student advocacy organizations in adherence with California Education Code Section 76060.5.

Printed Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Term: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be submitted to the Student Fees Office by the end of the first week of the term in order to decline this fee.**

This form may be submitted by fax to (209) 381-6566, email at studentfees\_custsvc@mccd.edu, or in person at the Student Fees Office.

Office Use Only: Term: \_\_\_\_\_ Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

ROUTING PROCEDURE: INITIATOR>STUDENT FEES>