REQUEST TO WAIVE LATE PAYMENT FEE

Student Financial Services
FHAC Suite G7
Tallahassee, Florida 32307
Phone: 850-561-2949 - Fax: 850-599-8618 - Email: studentaccountsdocs@famu.edu

TERM (Check One):  □ FALL  □ SPRING  □ SUMMER  YEAR: _______  Student ID #

PRINT FULL NAME: ___________________________  ___________________________
(LAST)  (FIRST)  (MIDDLE)  (MAIDEN)

STUDENT ADDRESS:
Street Address: ___________________________
Apt. #: ___________________________
City, State Zip Code: ___________________________
Phone: ( ) _______ - ________

PLEASE ANSWER THE FOLLOWING QUESTIONS BELOW BEFORE COMPLETING THIS REQUEST:

A. WERE YOU ASSESSED THE LATE FEE DUE TO A PROBLEM WITH FINANCIAL AID? IF YES, ATTACH A LETTER FROM THE OFFICE OF FINANCIAL AID AND EXPLANATION BELOW.

B. WERE YOU ASSESSED THE LATE FEE DUE TO AN UNIVERSITY ERROR? IF YES, ATTACH A LETTER FROM THE DEPARTMENT THAT MADE THE ERROR AND EXPLANATION BELOW.

C. WERE YOU ASSESSED THE LATE FEE DUE TO EXTRAORDINARY CIRCUMSTANCES SUCH AS ILLNESS OR DEATH IN THE FAMILY? IF YES, ATTACH ANY SUPPORTING DOCUMENTATION SUCH AS DOCTOR'S NOTE, OBITUARY, OR A COPY OF DEATH CERTIFICATE AND EXPLAIN BELOW.

PLEASE NOTE: LACK OF FUNDS IS NOT A VALID REASON TO WAIVE A LATE FEE. IT IS THE RESPONSIBILITY OF THE STUDENT TO MAKE ARRANGEMENTS OR PAY BY THE FEE PAYMENT DEADLINE.

EXPLANATION: __________________________________________________________

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STUDENT'S SIGNATURE ___________________________  DATE ________________

FOR OFFICE USE ONLY:
Request: □ Approved  □ Denied

Comments/Reasons Denied:

________________________________________________________

________________________________________________________

________________________________________________________

Supervisor's Signature: ___________________________  Date: ________________

FOR LATE PAYMENT FEE APPEALS ONLY
Date of Appeal: ________________

Signature: ___________________________  □ Approved  □ Denied