



**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](mailto: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.  YES  NO
- 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.  YES  NO
- 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.  YES  NO

**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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 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: \_\_\_\_\_

Request: \_\_\_\_\_

Approved  Denied

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