



## **OPTIONAL FEE WAIVER FORM**

PLEASE PRINT CLEARLY

*I **DO NOT** wish to support WashPIRG and would like to waive the quarterly fee for the academic year **2016-2017***

NAME: \_\_\_\_\_

ID: NUMBER A\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please bring the form to the student Accounts or cashiers' office (LIB L1112). You can also fax it (360-867-6835) or scan it and email it to [studentaccounts@evergreen.edu](mailto:studentaccounts@evergreen.edu).