



Santa Clara University

Cowell Center Visit Fee Waiver Request

This information is confidential and will be used for fee waiver eligibility only. Requests will be reviewed by SCU's Financial Aid Office for verification at end of each quarter.

By completing this form and signing below, you confirm that you are fee waiver eligible. All requested health center receipts will not include the office visit charge.

Please submit completed form to the Cowell Center front desk or email to Tammy Oh, Insurance Coordinator, at toh2@scu.edu.

Name: _____

Student ID Number: _____

SCU Email Address: _____

Cell Phone Number: _____

Signature

Date*

*Waiver begins from this date