

DEPENDENT OF MILITARY PERSONNEL, POLICE OFFICER, OR FIREFIGHTER WAIVER REQUEST

Provides educational assistance in state-supported colleges and universities for children of certain deceased war veterans, police officers, and firefighters.

Students receiving this exemption must be in good Academic Standing as defined by Delgado Community College and must be enrolled full time through Census day.

Eligible students will receive a Fee Exemption Certificate from the Louisiana Department of Veteran Affairs. You must submit the original certificate (or approved digital copy) to receive the waiver.

STUDENT REQUEST INFORMATION		
Student Name (First Last):	Se	emester/Year:
Student LoLA ID:	Student Email:	
Waiver Type:	Expiration Date (Term/Year):	
STUDENT AUTHORIZATION		
Student Certification: I hereby certify that the attached EXEM possession.	PTION CERTIFICATE is a true and accurate co	opy of the original which I have in my
\Box I acknowledge that I must be enrolled as a full-time student (12 or more credit hours) <u>and</u> be in good Academic Standing as defined by Delgado Community College.		
Third Party FERPA Disclosure: ☐ I authorize Delgado Community College to the State, Local, or Federal Agency for the	to release necessary financial and education he purposes of certifying my eligibility.	nal information, in the manner requested,
	d that I do not meet eligibility requirements all amount due by the published or assigned	
□ I promise to pay for all fees not covered by this waiver by the published or assigned due date(s). In the event the student becomes delinquent in paying charges or defaults in repaying charges, the debts may be transferred to the State of Louisiana Attorney General's Office, the Louisiana Office of Debt Recovery, or another external agency for collection. All collection fees incurred shall be at the expense of the student which may be based on a percentage at a maximum of 33 1/3%. If Delgado prevails in a lawsuit to collect on the student's financial obligation, the student will be responsible to pay Delgado's court costs, collection fees and attorney's fees in an amount the court finds to be reasonable.		
Student Signature	Print Name	 Date
TO BE COMPLETED BY A/R DEPARTMENT		
Verified By:	Status:	Status Date:

Additional Comments: