



CERTIFICATION FOR TUITION WAIVER

Name: _____

Social Security Number: _____

I certify that the above-named individual is out of the work forces as a result of a permanent disability and is receiving a social security disability benefit (SSDI) or supplementals security income (SSI) as defined by the Social Security Act, Railroad Retirement Act, or in the case of a former federal employee, from the federal retirement or pension authority (U.S. Office of Personnel Management).

Individuals receiving SSI or SSDI benefits as a dependent or survivor of a disabled beneficiary do not qualify for this waiver.

Printed Name of Certifying Official

Signature of Certifying Official

Phone Number

Date

Student Signature

Place Office Stamp in Box

(Student signature authorizes the Social Security Administration to release information on the above named individual and acknowledges that this form is valid for one academic year and must be renewed each academic year. In addition, student acknowledges that he/she must apply for financial aid.)

Return this completed form to:

Frederick Community College
Enrollment Center, Room J-100
7932 Opossumtown Pike
Frederick MD 21702