



Student Life and Services Office
3041 West Avenue K • Lancaster, CA 93536-5426 • (661) 722-6300 Ext. 6354

Student Representation Fee Waiver

The Student Representation Fee of \$2.00 will provide support for students or representatives who stand for student positions and viewpoints before city, county, district governments, offices and agencies of the state and federal government.

You may opt out of paying the Student Representations Fee.

Form must be submitted prior to registration of the upcoming semester, and takes up to 48 hours to process.

Please complete this form and email to studentlife@avc.edu.

Applicant Name Printed

Applicant Signature (re-type full name)

Parent or Guardian* (see note below)

900 -

Applicant Student ID #

_____ @avc.edu
Applicant's Official AVC Email Address (required)

Term: Fall Spring
 Summer

Street Address

City, State, Zip Code

_____/_____/_____
Date of Birth

() -

Phone Number

*Note: If applicant is 18 years of age or over, signature of parent or guardian is not necessary.

FOR OFFICE USE ONLY

Semester: _____
Clerk: _____
Date: _____

Verified By: _____
Verified Date: _____
By: _____ **Date:** _____