



Retiree Authorization for Fee Reduction

- This form must be completed by the retiree and the Office of Human Resources by the first day of the semester to be eligible for the benefit.
- The fee reduction applies to Northwest tuition only (incidental and designated fees up to a certain rate)

Semester (only select one) Fall _____ Spring _____ Summer _____

Student's Name (Last, First MI)

_____ Last Name _____ First Name _____ Middle Initial

Student's 919 #

Select who the waiver is for:

- Retiree
- Retiree Dependent

To be completed by retiree (2 if applicable)

1. I certify that I am a retiree of Northwest Missouri State University.

Retiree Signature _____
Date

2. I certify that the above named student is my spouse of a child claimed as a dependent on my federal income tax return for the past year.

Retiree Signature _____
Date

I authorize that the individual above is eligible to receive the retiree fee reduction for the above mentioned semester

HR Representative's signature _____
Date

Office Use Only

Date Received
Employee FOAP
Waiver Code