



FOR OFFICIAL USE ONLY

Date: _____ Semester: _____

Stud. ID #: _____

Certification for Tuition Waiver

P.O. Box 8, 1000 College Circle, Wye Mills, MD 21679
410-822-5400; 410-758-1537; 410-228-4360, ext. 5845 Fax: 410-827-5878
www.chesapeake.edu TTY Users: Call via Maryland Relay

Student Name: _____ Social Security #: _____

I will be enrolling in CREDIT CONTINUING EDUCATION courses. For Spring Summer Fall semester.

(The 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.***)

Printed Name of Student

Student Signature

Certifying Official please indicate the type of benefit this individual is currently receiving.

I certify that the above named individual is out of the work force as a result of a permanent disability and is receiving a **SSDI** (social security disability benefit) **SSI** (supplemental security income) 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.***

Social Security Administration
for Official Stamp Only

Printed Name of Certifying Official

Signature of Certifying Official

Please return this completed form to: Chesapeake College, Attn: Mindy Schaffer, Director of Financial Aid, P.O. Box 8, Wye Mills, MD 21679. For more information, call 410-827-5845; Email: mschaffer@chesapeake.edu.

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Tuition \$ _____ Federal/State Aid \$ _____ Waiver Amount \$ _____

Waiver Code **SSDI** **SSI** _____ Parital Waiver **SSDIP** _____ **SSIP** _____

Signature: _____