



## WAIVER CANCELLATION FORM

I authorize the Student Health Insurance Department to cancel my health insurance waiver form for the:

**Fall**      **Winter**      **Spring/Summer**

Quarter of the academic year \_\_\_\_\_  
Fees must be paid at the time of cancellation or classes may be lapsed.

**UGrad** ☐      **Grad** ☐

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
DOB

### ***Office use Only:***

Date Received: \_\_\_\_\_

Date Entered in Wells Fargo: \_\_\_\_\_ By \_\_\_\_\_

Notes: \_\_\_\_\_