



DEPENDENT TUITION FEE WAIVER CERTIFICATION (Age 19 -24)

1RW7KLV LV 127 WKH WXLWLRQ ZDLYHU 7KH WXLWLRQ ZDLYHU UHTXHVW IRUP LV DY

Please submit completed form along with a Birth Certificate to Human Resources.

Employee Name: _____ Rocket ID or SSN: _____

Campus: Health Science Campus

ADULT CHILD INFORMATION

Adult Child Name: _____ Rocket D or SSN: _____

Relationship to Employee: ... Child.. Stepchild

Date of Birth: ____ / ____ / ____

IRS Dependent: ... Yes ... No

Marital Status: ... Single ... Married ... Divorced Separated

Address: _____ City _____ State _____

Signature of Employee _____

Date _____

Human Resources