



HEALTH SERVICE FEE WAIVER

In accordance with *California Education Code Section 76355*, I request a waiver of the Golden West College Health Service fee on the grounds that I hereby declare the following:

- I depend exclusively upon prayer for healing when I am ill or when I have a medical or mental health emergency in accordance with the teachings of a bona fide religious sect, denomination, or organization. I understand I will not be able to utilize the services at the Health Center or receive Telehealth support through the Health Center unless I pay the Health Fee.

Student Name (PRINT): _____ Student ID Number: _____

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

- Approved for Term: _____
- Submitted to GWC Enrollment Services Date: _____