

**DEPENDENT FEE WAIVER PROGRAM**

**DISABLED DEPENDENT BENEFIT**

**PART A:** *To be completed by the dependent:*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** (      ) \_\_\_\_\_

**Name of Employee (parent) transferring fee waiver benefit:** \_\_\_\_\_

**PART B:** *Dependent Authorization: The dependent, or person authorized to act in his/her behalf, is to complete the information requested in Part B prior to giving the form to the physician for completion:*

I hereby authorize my attending physician \_\_\_\_\_ to furnish and disclose facts concerning my disability status that are within his or her knowledge. I understand that if I do not sign this authorization, Cal Poly Human Resources may not be able to determine my eligibility for continued participation in the CSU dependent fee waiver program and that the request may be denied. I further understand that Human Resources will keep confidential the information that is provided pursuant to this authorization, and that it will be used solely to determine and act upon the request for this educational benefit.

\_\_\_\_\_  
*Signature of Dependent*                      **OR**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Person authorized to act in his/her behalf*

\_\_\_\_\_  
*Relationship to Dependent*

**PRIVACY NOTICE**

The Information Practices Act of 1977 and the Federal Privacy Act require that this notice be provided when collecting personal information from individuals.

Information requested on this form is used by the Cal Poly Human Resources office solely for the purpose of determining eligibility for the CSU dependent fee waiver program. Failure to supply the information may result in the Cal Poly Human Resources office being unable to authorize the use of the CSU dependent fee waiver benefit. This form is maintained in confidential files in the Human Resources office for one year.

**TO BE COMPLETED BY ATTENDING PHYSICIAN**

**PART C: Medical Certification of Disability and Incapacity of Self-support:**

**Explanation:** *The California State University allows certain eligible employees to transfer educational benefits to a dependent child (defined as under 23 years of age and unmarried), which allows the dependent to enroll in classes at any CSU campus at reduced fees. The CSU allows a dependent child to retain eligibility beyond age 23 if he/she is unmarried and incapable of self-support (i.e., not capable of engaging in any substantial gainful activity) due to a physical or mental disability which existed prior to becoming 23 years of age.*

Based on your examination, does the patient currently have a physically or mentally disabling injury or illness of condition that renders him/her incapable of self-support and did this condition exist prior to the patient reaching age 23?

**NO**  
**YES**

I hereby certify that, based on my examination of the patient, the above statements truly describe the patient's disability and his/her capability of self-support.

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Physician's Signature

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Physician's Printed Name

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Local Address

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State License No.

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City, State, Zip

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(      )  
Telephone Number

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Date