



REQUEST FOR RELEASE FROM MANDATORY HEALTH FEE

***This is NOT a waiver from the SUNY Potsdam Insurance Plan. See the “Health Insurance” page of the Student Health Services website for more information on health insurance waivers.**

The “Comprehensive Fees” on your student bill includes the Mandatory Health Fee. This fee is assessed to all students, each semester/session they take classes. It is the sole source of funding for Student Health Services (SHS) and supports all of its activities, including direct medical care, health education programs, laboratory services, and administrative duties. Without the fee there would be no SHS.

Waiver of the health fee may be considered in some circumstances. A waiver is valid only for the semester/session for which it is approved. A new waiver is required each semester/session. The deadline for the submission of a waiver is:

- Fall and Spring Semesters..... the 4th Friday after the start of classes.
- Winter and Summer Session..... the 1st Friday after the start of classes.

Waivers are usually granted to students who are unable to access care at SHS or for whom exceptional circumstances exist. Students who waive the fee are not eligible to use SHS. Acceptable reasons for granting a waiver include, but are not limited to:

- Studying abroad for a semester.
- School district AND temporary residence while student teaching are >50 miles from the Potsdam campus.
- Classes taken on Potsdam campus only meet when SHS is closed AND residence >50 miles from Potsdam campus.

Reasons that waivers will be denied include, but are not limited to:

- The request for release is requested because the student has health insurance.
- The student has access to their own medical provider.
- The student is taking classes on the Potsdam campus while SHS is open for business.
- The request for release is received after the deadline.

Applications for waiving the health fee are available on the “Health Forms” page of the SHS web site and upon request at the SHS office. Waiver applications are to be sent to the Director of Student Health Services who will determine whether the waiver is accepted or denied. The student will be notified of this decision by mail after the deadline date.

Name _____ Student ID # _____

Address _____ Phone # _____

Address During Waived Session/Semester _____

SESSION (check one): Fall Semester ___ Spring Semester ___ Winterim ___ Summer Session # ___

Reason for fee waiver request: _____

(Please use reverse side or attach additional pages if necessary.)

Return to:

Director - SUNY Potsdam Student Health Services • 44 Pierrepont Avenue • Potsdam, New York 13676-2294
Phone: (315) 267-2377 • Fax: (315) 267-3260
<http://www.potsdam.edu/studentlife/healthservices/index.cfm>