



Admissions & Records Office  
 25555 Hesperian Blvd.  
 Hayward, CA 94545  
[www.chabotcollege.edu](http://www.chabotcollege.edu)

Admissions & Records Office  
 3000 Campus Hill Drive  
 Livermore, CA 94551  
[www.laspositascollege.edu](http://www.laspositascollege.edu)



Health Fee Due Date for Summer: July 6, 2023 and Fall: September 5, 2023

## REQUEST TO OPT-OUT OF STUDENT HEALTH FEE

### INSTRUCTIONS:

- (1) This form must be filled out completely.
- (2) Options for submission:
  - a) In-person: Submit this form in-person to Admissions & Records Office
  - b) Email the form to:
    - Chabot College: [ccarcom@chabotcollege.edu](mailto:ccarcom@chabotcollege.edu)
    - Las Positas College: [lpc-admissions@laspositascollege.edu](mailto:lpc-admissions@laspositascollege.edu)

### IMPORTANT NOTICE:

- Chabot College and Las Positas College do not accept photographs of documents
- When submitted by mail or electronically by email, students will be notified of the status of their request via their **Zonemail** e-mail account in approximately 10 – 14 business days
- For more information, please visit:
  - Chabot College: <http://www.chabotcollege.edu/admissions/cost-payment/index.php>
  - Las Positas College: <http://www.laspositascollege.edu/admissions/fees.php>

### STUDENT INFORMATION

Last Name, First Name (PRINT)	Student ID#	Zonemail Email Address	Telephone Number

### STUDENT AGREEMENT

I, the above named student, would like to opt-out of the 2023 Student Health Fee for Summer \$18 and Fall \$21.

Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ADMISSIONS & RECORDS OFFICE USE ONLY

	<input type="checkbox"/> SAFC / SAFL/SHFL <input type="checkbox"/> In-person <input type="checkbox"/> Student notified	Processed by: _____  Date: _____
A & R Administrator or Designee	Date	