## **Cecil College**

One Seahawk Drive, North East, MD 21901 (410)-287-1000

Waiver of Tuition for Eligible Students under the Provisions of the Social Security Act, Railroad Retirement Act or the U.S. Office of Personnel Management

Student Name:  Circle Correct Response:			1207					
		sponse:		Semester/Year:			· · · · · · · · · · · · · · · · · · ·	
Yes	No	I am a resident of N	Maryland (if no, do not p					
Yes	No	I have a permanent disability and am receiving a social security disability benefit (SSDI) or supplemental security income (SSI) as defined by the Social Security Act, Railroad Retirement Act, or the U.S. Office of Personnel Management (federal retirement or pension authority).						
SECT	ON 2 (to	be completed b	y applicable Agency	<b>⁄):</b>				
Act. Ra	iilroad Ret	irement Act, or from	n the U.S. Office of Perso	ver at Cecil College under th onnel Management (federal le your signature and addre	retirer	nent or pei	e Social Secur nsion authorit	ity y),
Indicate Agency: Social Security Administration		on	Agency Address	Stamp:	: 			
	_	d Retirement Board						
	-	Retirement/Pension	Authority					
	~	he next disability rev						
Please	indicate t	ne next disability rev	new (ii applicable).					
Disabil	ity Review	/ Date	<del>- 1</del>					
Name	(print)	· · · · · · · · · · · · · · · · · · ·	Date					_
Signat	ure		Date	Contact e-mail a	nd Pho	ne		
The ab	ove name		N 1 has been confirmed	ed and submitted to to the eligible for a tuition waiver			fice):	
Colleg	e Represe	ntative (Print)	Date		•			,
Colleg	e Represe	ntative (Signature) D	Date					
(FAFSA	A) to deter	it I am required to ap mine my eligibility to rate and complete:	oply for student financia o receive this waiver*. I	al aid by filing the Free Appli I certify that to the best of r	cation ny kno	for Student wledge the	t Financial Aid information (	o'n

<sup>\*</sup>NOTE: Most non-credit courses are exempt from the FAFSA requirement. The Cashier's Office will verify all exemptions with the Financial Aid Office.