



Student Health Services

Medical/Nursing Services • Mental Health Services 415 239-3110 • Fax 415 239-3193
50 Phelan Avenue • HC100 • SAN FRANCISCO, CA 94112

Petition for Health Fee Exemption

Students who qualify in the following categories per Education Code Title 5 Section 76355 will be exempt from payment of the health fee. (Please check one):

- Students who depend exclusively upon prayer for healing in accordance with the teachings of a bona fide religious sect, denomination, or organization. (Documentation is required.)
- Students who are attending college under an approved apprenticeship training program. (Documentation is required.)

***Please note: petitions submitted without the REQUIRED documentation will not be accepted.**

Personal Information	
Last Name _____	First _____ Middle _____
CCSF Identification Number _____	
E-Mail Address _____	
Mailing Address: Number and Street _____ Apt. No. _____	
City _____ State ____ Zip Code _____	
Phone Number: (____) ____ - ____ or (____) ____ - ____	
Exemption requested for: (circle one) Fall Spring Summer Year _____	
<small>*Please note that a new petition is needed for each semester. This will not carry forward to other semesters.</small>	
Student's Signature _____	Date _____

Return to **Student Health Services, Ocean Campus, HC 100**, for review.

Received _____

- Approved
- Denied

Signature _____ Date _____

Program Director, Student Health Services