



Finance Office

Certification for Tuition Waiver

Name: _____

Social Security Number: _____

I certify that the above-named individual is out of the workforce as a result of a permanent disability and is receiving a social security disability benefit (SSDI) or supplemental security income (SSI) as defined by the Social Security Act, Railroad Retirement Act, or in the case of a former federal employee, from the federal retirement or pension authority (U.S. Office of Personnel Management).

Individuals receiving SSDI or SSI benefits as a dependent or survivor of a disabled beneficiary do not qualify for this waiver.

Printed Name of Certifying Official: _____

Place Office Stamp in Box

Certifying Official Signature: _____

Phone Number of Certifying Official: _____

Date: _____

Student Signature: _____

Student Signature authorizes the Social Security Administration to release information on the above named individual and acknowledges that this form is valid for one academic year (July 1 – June 30) and must be renewed each academic year (July 1 – June 30). In addition, student acknowledges that he/she must apply for financial aid, excluding students registering for qualifying continuing education workforce development classes.

Return original completed form with signatures and stamp:

Howard Community College
Cashier's Office (RCF 200A)
10901 Little Patuxent Parkway
Columbia, Maryland 21044