

Los Rios Community College District
STUDENT REPRESENTATION FEE FORM

Mail Form To:

American River College
Business Services Office
4700 College Oak Drive
Sacramento, CA 95841

Cosumnes River College
Business Services Office
8401 Center Parkway
Sacramento, CA 95823

Folsom Lake College
Business Services Office
10 College Parkway
Folsom, CA 95630

Sacramento City College
Business Services Office
3835 Freeport Blvd.
Sacramento, CA 95822

STUDENT ID NUMBER

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STUDENT NAME _____

(Please print on line above) *Last*

First

MI

Fall _____

Spring _____

Under provision of California Education Code section 76060.5 and California Code of Regulations, Title V, sections 54801-54805, the students of this college have established a student representation fee of two dollars (\$2.00) per semester.

USE OF FEE

The money collected from the student representation fee shall be expended to provide support for students or representatives who may be stating their positions and viewpoints before city, county and district government, and before offices and agencies of the state.

AMOUNT OF FEE

The student representation fee is two dollars (\$2.00) per semester.

RIGHT TO REFUSE TO PAY

The fee is mandatory; however, a student has the right to refuse to pay the fee for religious, political, moral or financial reasons. This refusal must be in writing.

I refuse to pay the student representation fee for either religious, political, financial or moral reason(s).

Signature

Date

OFFICIAL USE ONLY

Input/Charge Reversal By _____

Date _____