



**Golden West College  
Health Service Fee Waiver**

In accordance with *California Education Code Section 76355*, I request a waiver of the Golden West College Health Service fee on the grounds that I hereby declare the following:

I depend exclusively upon prayer for healing when I am ill or when I have an emergency, in accordance with the teachings of \_\_\_\_\_.  
*Name of qualifying religious sect, denomination, or organization*

Student Name (PRINT): \_\_\_\_\_ Student ID Number: \_\_\_\_\_

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

**TO BE COMPLETED BY RELIGIOUS ORGANIZATIONS ONLY**

The above-named student is applying for an exemption of health fees. Please certify below in accordance with the following: *California Education Code Section 76355*. The governing board of a district maintaining a community college shall adopt rules and regulations that exempt the following students from the health fee (a):

- (1) *Students who depend exclusively upon prayer for healing in accordance with the teaching of a bona fide religious sect, denomination, or organization.*

I certify that the members of: \_\_\_\_\_  
*Name & address of religious organization*

are taught to exclusively depend upon prayer for healing and without the use of doctors or medical offices.

Name of Official (PRINT): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Official" \_\_\_\_\_ Date: \_\_\_\_\_

**GWC OFFICE USE ONLY**

Approved for Term: \_\_\_\_\_

Denied

Student Health Center Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GWC Enrollment Services: Received By: \_\_\_\_\_ Date: \_\_\_\_\_