

SARAH • LAWRENCE • COLLEGE

Tuition Refund Insurance – Waiver Form

If you do not wish to participate in the Sarah Lawrence Tuition Refund Plan, this waiver form must be returned with the student semester bill. Otherwise the student will be automatically covered and responsible for the insurance charge.

I have read the details of the Tuition Refund Plan and I do **not** wish to purchase this protection for:

Student Name: _____ Student I.D. # _____
Last, First, Initial 9 digit

Address: _____
No. & Street Apt. #

City State Zip

I waive all right to benefit under this policy.

Signed: _____
Parent or Guardian

Please return this completed waiver form, along with payment for the student semester bill, and mail them to:

Student Accounts Office Sarah Lawrence
College 1 Mead Way Bronxville, NY 10708