Date: 10/2/2017

Collegiate Fee Waiver Request Form

TO: NAIA Eligibility Center
1200 Grand Blvd.
Kansas City, MO 64106
FAX: 816-595-8301
documents@naia.org

Student Section

Student Name: _____ NAIA Eligibility Center ID: _____

Date of Birth: _____

I, _____ (student's full name), hereby authorize you to release the below financial information to the NAIA Eligibility Center for the purposes of waiving the NAIA Eligibility Center registration fee.

_____ _____
Student Signature Date

Institution Section - Fee Waiver Information

Institution Name: _____

☐ Student qualifies for Federal Pell Grant of $_____ for the _____ academic year

I, the undersigned, hereby certify that the above information is an accurate reflection of my institution's official records.

_____ _____
School Official Name (please print) School Official Title

_____ _____
School Official Name (signature) Date