



# HOWARD COMMUNITY COLLEGE

## CERTIFICATION FOR TUITION WAIVER

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I certify that the above-named individual is out of the work force 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 SSI or SSDI benefits as a dependent or survivor of a disabled beneficiary do not qualify for this waiver.

\_\_\_\_\_  
Printed Name of Certifying Official

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

*Place Office Stamp in Box*

\_\_\_\_\_  
*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 and must be renewed each academic year. In addition, student acknowledges that he/she must apply for financial aid.)*

Return this completed form to:

Howard Community College  
10901 Little Patuxent Parkway  
Columbia, Maryland 21044  
c/o Finance Office/Cashier RCF 213