



# Tuition Waiver

Employee Name: \_\_\_\_\_ TUID: \_\_\_\_\_  
(Please Print)

Please list the dependents you wish to add for LCC Tuition Waiver.

	Name	Relationship	Date of Birth	Social Security Number	TUID (Optional)
Dependent					
Dependent					
Dependent					
Dependent					
Dependent					
Dependent					
Dependent					
Dependent					

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You must attach appropriate proof of dependency.

