



**DEPENDENT TUITION FEE WAIVER CERTIFICATION (Age 19 -24)**

*Please submit completed form along with a Birth Certificate to Human Resources.*

Employee Name: \_\_\_\_\_ Rocket ID or SSN: \_\_\_\_\_

Campus:  Main Campus  Health Science Campus

**ADULT CHILD INFORMATION**

Adult Child Name: \_\_\_\_\_ Rocket ID or SSN: \_\_\_\_\_

Relationship to Employee:  Child  Stepchild  Child of Domestic Partner

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

IRS Dependent:  Yes  No

Marital Status:  Single  Married  Divorced  Separated

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I certify that all information provided on this form is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**Human Resources**

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