

Lafene Health Fee Waiver

Office of the Registrar

THIS FORM IS FOR K-STATE EMPLOYEE USE ONLY

A new form must be submitted each semester for this fee to be waived.
For K-State employees { .09-1.0 FTE } who are registered and will not be utilizing services offered through the [Lafene Health Center](#) or [Counseling and Psychological Services](#).

*****Incomplete forms will not be processed and will be returned*****

Submitter Information:

Name:
K-State Email:
College/Department Affiliation:

Student Information:

First Name:	Last Name:
WID (Wildcat ID):	K-State Email:
Employee ID:	Department:
FTE : _____ .09 _____ 1.0	_____ Term 20____ Year

Submit Completed Form to: registrar@ksu.edu

Office of the Registrar
118 Anderson Hall
919 Mid-Campus Drive North
Manhattan, KS 66506
785-532-6254