
MILAN SCHOOL School District, SAU 20

Request for Waiver of Charge for Individual Electronic Communications

This form should be used only when a person/entity is requesting a waiver of a fee for waiver of a charge for records of Individual Electronic Communications based upon indigency.

Requestor Information:

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____

Information Relating to Request for Electronic Communications:

Date of Records Request: _____

Records Requested: (general description only) _____

Estimated Charge Provided by District/SAU \$ _____

Eligibility Determination Form: Federal Poverty Guidelines

Applicant Information

• Name: _____

• Address: _____

• City: _____ State: _____ Zip Code: _____

• Phone Number: _____

• Email Address: _____

Household Information

1. Household Size

o Total number of people living in your household (including yourself): _____

2. Household Members

o Please list each household member and their relationship to you:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Include additional household members on rear of form.

3. Income for the Current Year

• Annual **CURRENT*** gross income of the ENTIRE household (before taxes): \$ _____

(Although a tax return from a prior year can be helpful documentation, the amount included here should be based upon current circumstances. Include all sources of income: wages, salaries, social security, unemployment benefits, child support, etc.)

4. Sources of Income (Check all that apply):

o Wages/Salary _____

o Social Security

o Unemployment Benefits

o Child Support/Alimony

o Pension/Retirement

o Disability

o Self-employment

o Other: _____

Please attach any documents that support your statements above.

CERTIFICATION

I hereby certify that the information provided in this request is true and correct to the best of my knowledge. I understand that providing false information may result in the denial of my request for a fee waiver.

Signature: _____

Date: _____

****For Office Use Only:****

Date Received: _____

Request Approved: ☐ Yes ☐ No

Approved By: _____