



TITLE: Request for Lost/Damaged Textbook Fine Waiver

FORM: IIAB-R-F

Updated 2/5/21

Student Name: _____ Student ID Number: _____

Home Address: _____

Home Phone: _____ Cell: _____

Parent/Legal Guardian Name: _____

Work Phone: _____ Cell: _____

Parent/Legal Guardian Name: _____

Work Phone: _____ Cell: _____

School: _____

Total Textbook Fine Amount*: _____ *Amount is equivalent to the replacement cost of the textbook.

Please explain why the textbook fine should be modified or waived: _____

I hereby certify and warrant the truth and accuracy of the above information and request a textbook fee waiver for the reasons given above.

Parent/Legal Guardian Signature

Date

-----Below to be filled out by school-----

Textbook Fine Schedule:			
Total amount to be paid:		Amount of fine to be waived:	

Administrator's Signature

Date