

**ATTENTION --- INSURANCE INFORMATION**

**Optional charge:** 1) Tuition Refund Insurance (letter and brochure enclosed).

Please read the information carefully. **IF YOU DO NOT WISH YOUR SON TO BE COVERED** by the Tuition Refund Insurance, **YOU MUST COMPLETE THE WAIVER** below and return this sheet to the Business Office **BY SEPTEMBER 1** --- otherwise your son will be automatically covered.

**TUITION REFUND INSURANCE  
WAIVER OF BENEFITS**

I do not wish to carry Tuition Refund Insurance on \_\_\_\_\_,  
and I waive all rights to benefit under the policy. (Student Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Year

**THIS STUB MUST BE COMPLETED AND RETURNED TO THE  
BUSINESS OFFICE BY September 1, otherwise the student  
will be automatically covered for Tuition Refund Insurance.**