## Admissions & Records Office

3000 Campus Hill Drive Livermore, CA 94551



www.laspositascollege.edu lpc-admissions@laspositascollege.edu

## Student Health Fee Spring 2026 Due Date for submission: February 1, 2026

REQUEST FOR AN EXE	MPTION FO	OR STUDENT	HEALTH FEE	
A mandatory Student Health fee of \$21 for Fall and Spring, and \$18 for Summer will be assessed for all students each semester or session. This fee is used to support health services for enrolled students. In accordance with State Assembly Bill 982 and Section 76355 of the State Education Code, exemptions are only granted for the following: (select one of the two options below)				
<ul> <li>Students who depend exclusively upon prayer for healing in accordance with the teachings of a bona fide religious sect, denomination, or organization;</li> </ul>				
$\square$ Students who are attending Las Positas College under an approved apprenticeship training program.				
<ul> <li>Las Positas College does not accept photographs of documents</li> <li>When submitted by mail or electronically by email, students will be notified of the status of their request via their Zonemail e-mail account in approximately 10 – 14 business days</li> <li>For more information, please visit:         <ul> <li>Las Positas College: <a href="http://www.laspositascollege.edu/admissions/fees.php">http://www.laspositascollege.edu/admissions/fees.php</a></li> </ul> </li> </ul> STUDENT INFORMATION				
31	ODEIVI IIVI OIVIV	ATION		
Last Name, First Name (PRINT)	Student ID#	Zonemail Email Address	Telephone Number	
STAT	EMENT FOR EX	EMPTION		
Please provide documentation and statement for exemption.				
Statement for Exemption:				
	S & RECORDS O	FFICE USE ONLY	Date:	
A & R Administrator or Designee	Date	<ul><li>□ Attribute</li><li>□ In-person</li><li>□ Student notified</li></ul>	Processed by:	