



**Admissions & Records Office**  
 25555 Hesperian Blvd.  
 Hayward, CA 94545  
[www.chabotcollege.edu](http://www.chabotcollege.edu)

**Admissions & Records Office**  
 3000 Campus Hill Drive  
 Livermore, CA 94551  
[www.laspositascollege.edu](http://www.laspositascollege.edu)



**Student Representation Fee Spring 2026 Due Date for submission: February 1, 2026**

## REQUEST TO OPT-OUT OF STUDENT REPRESENTATION FEE

**INSTRUCTIONS:**

- (1) This form must be filled out completely
- (2) Options for submission:
  - a) In-person: Submit this form to Admissions & Records Office at your home campus
  - b) Email the form to your home campus of choice:
    - Chabot College: [ccarcom@chabotcollege.edu](mailto:ccarcom@chabotcollege.edu)
    - Las Positas College: [lpc-admissions@laspositascollege.edu](mailto:lpc-admissions@laspositascollege.edu)

**IMPORTANT NOTICE:**

- Chabot College and Las Positas College do not accept photographs of documents
- When submitted by mail or electronically by email, you will be notified of the status of your request via your **Zonemail** e-mail account in approximately 10 – 14 business days
- For more information, please visit:
  - Chabot College: <http://www.chabotcollege.edu/admissions/cost-payment/index.php>
  - Las Positas College: <http://www.laspositascollege.edu/admissions/fees.php>

### STUDENT INFORMATION

<i>Last Name, First Name (PRINT)</i>	<i>Student ID#</i>	<i>Zonemail Email Address</i>	<i>Telephone Number</i>

### STUDENT AGREEMENT

I, the above-named student, would like to opt out of the **\$2.00** Student Representation Fee for **Spring 2026**.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ADMISSIONS & RECORDS OFFICE USE ONLY

	<input type="checkbox"/> SRFC / SRFL <input type="checkbox"/> SRAC / SRAL <input type="checkbox"/> In-person <input type="checkbox"/> Student notified	Processed by: _____  Date: _____
<i>A &amp; R Administrator or Designee</i>	<i>Date</i>	