**Admissions & Records Office**
25555 Hesperian Blvd.
Hayward, CA 94545
www.chabotcollege.edu

**Admissions & Records Office**
3000 Campus Hill Drive
Livermore, CA 94551
www.laspositascollege.edu

CHABOT COLLEGE

LAS POSITAS COLLEGE

## Opt Out for (check applicable):

☐ **Student Activity Fee** ($10.00)
☐ **Student Representation Fee** (2.00)

Term / Year: _____
*(e.g.; Fall 2026)*

## Due Date – Last day to drop with NGR

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# REQUEST TO OPT-OUT OF STUDENT ACTIVITY / REPRESENTATION FEE

**INSTRUCTIONS:**
(1) This form must be filled out completely.
(2) Options for submission:
    a) In-person: Submit this form in-person to Admissions & Records Office
    b) Email the form to:
        • Chabot College: ccarcom@chabotcollege.edu
        • Las Positas College: 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, students will be notified of the status of their request via their **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

| Last Name, First Name (PRINT) | Student ID# | Zonemail Email Address | Telephone Number |
|---|---|---|---|
| | | | |

## STUDENT AGREEMENT

I, the above-named student, would like to opt-out of (check applicable):
☐ $10.00 Student Activity Fee.
☐ $2.00 Student Representation Fee

Reason: _____
_____

Student Signature: _____ Date: _____

## ADMISSIONS & RECORDS OFFICE USE ONLY

| | ☐ SAFC / SAFL<br>☐ SAAC / SAAL<br>☐ Student notified | Processed by: _____<br><br>Date: _____ |
|---|---|---|
| *A & R Administrator or Designee*      *Date* | | |