Sweetwater County School District #1
Fees & Fines
Authorization Form

Student Name: ________________________________________________
Grade Level: ______________ Date: _______________________
Amount of Fee/Fine: $__________________________ □ Fee/Fine Reduced
Description of Fee/Fine: _______________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
Book # / Equipment #: ____________________________ (Use barcode if available)
Inventory Checked & Verified: □ Yes □ No □ N/A

Staff Name: __________________________________________________
Course/Sport Name: __________________________________________
Class Period: __________________

Staff Signature: ______________________________ Date: ______________
(I have verified all associated inventories and attest that the above mentioned fee or fine is true and accurate)

Administrator Signature: ________________________ Date: ______________
(I hereby authorize this fee or fine and have evaluated all circumstances surrounding the charges)

Office Use Only

Date Processed: ______________
Student #: ____________________
Fee ID #: ____________________

Retain this form for 7 years