

Sweetwater County School District #1

Fees & Fines

Authorization Form



School: _____

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)

Should financial problems become apparent for any individual student or student's family, the district will evaluate extenuating circumstances and make any appropriate adjustments to one or more fees or fines.

Office Use Only

Date Processed: _____

Student #: _____

Fee ID #: _____

Retain this form for 7 years