



A campus of the Connecticut State University System

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Department of Communication Disorders
Center for Communication Disorders
Davis Hall Room 012
Southern Connecticut State University

Request for Reduction of Fees

This statement is made in support of a request for a reduction in fees charged by the Center for Communication Disorders at Southern Connecticut State University for services provided or to be provided to _____

During the _____ semester of _____.

The number of exemptions in my family as reported on the last Federal Income Tax report(s) filed by me or my parents or guardians was _____.

The total adjusted gross income before deductions as reported on the last Federal Income Tax report(s) filed by me or my parents or guardians was _____.

Signed: _____ Date: _____

Name of person submitting form: _____

Address _____

Telephone _____

Please provide a copy of your most recent tax return, W2 form or two(2) pay stubs from all current employers so we may verify your reported income. These forms will be returned to you after review.