



## Student Dental Health Fee Waiver Request Form

**Please fill in the following information and attach proof of dental insurance before emailing or faxing this form. If you have any questions, feel free to contact Kim Ransom at (205) 934-5234.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID (B0#): \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Program of study (Ex: Dental, Medical, Nursing, Optometry): \_\_\_\_\_

Year you started the program: \_\_\_\_\_

What semesters are you waiving? (Ex: Fall 2020, Spring 2021)

\_\_\_\_\_

Do you anticipate keeping your outside dental insurance while studying at UAB? \_\_\_\_\_

Even though you are requesting a waiver, do you foresee the need to sign up for Student Dental Health in the future? \_\_\_\_\_

**Email: [kransom@uab.edu](mailto:kransom@uab.edu)**

**Fax: (205) 934-3057 – Attn: Kim Ransom**

**Phone: (205) 934-5234**