



Request Access to SHC

(Manually Bill Health Services Fee)

Student Health Center

Bellingham, Washington 98225
(360) 650-3400 Fax (360) 650-3883

I am currently enrolled in 3 or more credits or 1-2 graduate thesis credits for _____ quarter
(Enter quarter and year)
and wish to have the \$117.00 Health Services fee billed to my student account so that I may access the Student Health Center for the quarter.

I understand that my access to the Health Center is limited to the quarter stated above. Furthermore, all fees associated with this request are due 30-days from the date of submission. Any fees not paid within 30-days are subject to late fees to be added to the student account.

Date: _____

Student Number: _____

Name: _____

Signature: _____

**** Do Not Complete Below this Line ****

Reviewed Date: _____ Billed to Ticket Date: _____

By Anne Melo, Administrative Services Mgr