



**Seattle Community Colleges
Running Start
*TEST and FEE WAIVER FORM***

I verify (student name, please print) _____, is eligible
for the free/ reduced lunch program at _____ high school
in the _____ district.

High School Counselor Signature: _____

Counselor's Name (Please Print): _____

Date: _____

This form will be used at Seattle Community Colleges
to document fee waiver eligibility for:

- Compass Test fee (one time waiver only)
- Mandatory college fees if student enrolls in the Running Start program



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