



CCBC
The Community College
of Baltimore County

Office of the Bursar

Instructions For Disabled / Retired Students Requesting Tuition Waiver

Provisions of Maryland Law allow a person who is disabled and retired because of disability to enroll in any community college in the state without tuition payment so long as they meet the Social Security standard of disability for retirement benefits from the Social Security Administration.* The content of the attached form has been developed jointly by the Social Security Administration and the Maryland Higher Education Commission to verify receipt of benefits.

Students who believe that they are eligible for this tuition waiver should submit the attached form to the local Social Security Office that services their account. The form will need to be signed, dated, and stamped by the local office.

After the form is completed, the student will return the document to the Bursar's Office. A completed form certifying receipt of benefits will entitle the student to enroll without payment of tuition charges. Applicable college fees are the responsibility of the student. A student must submit a new form each academic year, beginning with the summer/fall semester and must notify the Bursar's Office each semester that he/she is going to use this waiver.

**Individuals who were federal employees and not members of the Social Security system may also be eligible for a tuition waiver, based on a comparable standard of disability / retirement. These persons shall take their form to their federal pension or retirement authority for completion.*

CERTIFICATION FORM FOR TUITION WAIVER

Date _____ Social Security Number _____

The Community College of Baltimore County will waive course tuition for individuals who receive benefits as disabled and retired because of disability as defined by the Social Security Act. Students are responsible for any applicable fees. Please complete the certification below for:

Student Name _____

_____ I certify that the above named individual is receiving a Social Security / Supplemental Security income benefit based on disability.

_____ I certify that the above named individual is receiving a federal pension or retirement annuity based on disability.

Social Security Office:
(Official Stamp)

Name of Social Security Agent:

Title _____

Date _____