

Liability Release Form

I understand that all international students must purchase insurance through the International Center as required by CSU, San Bernardino. However, due to special circumstances, I have asked to waive this requirement for the requested term: _____ year: _____. The International Center has thoroughly explained to me that by not purchasing an insurance plan, I will not be covered for repatriation or medical evacuation expenses, and should I become sick, I will be responsible of all expenses incurred.

At no time shall I hold the University liable for any medical expenses while taking time off from studying at California State University, San Bernardino.

Student Name: _____ SID: _____

Please describe your circumstances: _____

Student's Signature

Date

Office Use Only	Verified by: _____ Date: _____
Vacation quarter request status: ____ Approved ____ Denied	
Health Insurance expires: _____	
Comments: _____ _____	
Decision: _____	Student purchased following term HI: ____ Yes ____ No
DATE: _____ MM/DD/YYYY	