



State of Florida
Department of Children and Families

Ron DeSantis
Governor

Taylor N. Hatch
Secretary

Date: _____

To: Florida Public State University, Public Florida College System Institution, or
Public Postsecondary Career and Technical Program

Name of Institution: _____

Email Address Waiver sent to: _____

Email Address of Recipient: _____

Student ID #: _____

From: _____, Department of Children and Families
or Community Based Care Lead Agency

Title: _____

Subject: Tuition and Fee Exemption for Students Receiving or Formerly Receiving Services from the
Department of Children and Families

Please accept this letter certifying that _____ (name), whose date of birth is
_____, meets one of the following criteria necessary to obtain exemption from paying tuition
and fees at a **Florida public** state university, **public** Florida College System institution or **public**
postsecondary career and technical program, pursuant to the "Florida K-20 Education Code,"
Section 1009.25(1)(c), Florida Statutes (check one):

- ☐ He or she is, or was at the time of reaching 18 years of age, in out-of-home care.
- ☐ He or she was adopted from the Department of Children and Families after May 5, 1997.
- ☐ He or she is, or was at the time of reaching 18 years of age, placed in the custody of a relative or
non-relative under s. 39.5085, s. 39.6221, or s. 39.6225, F.S.
- ☐ He or she was reunified with his or her parents after spending at least 18 months in out-of-home care
after reaching 14 years of age, including a reunification pursuant to s. 39.8155, F.S.

The tuition and fee exemption **CANNOT** be used at an out-of-state educational institution or in-state private
university, private community college or private postsecondary career and technical program. Please contact
the financial aid office at the school to determine whether alternative tuition and fee exemptions or scholarships
are available through the school.

**Effective July 1, 2010, this exemption remains valid until the young person reaches the age 28, which
will occur on _____.**
(MM/DD/YYYY)

Please contact _____, Florida Department of Children and Families or Community
Based Care Lead Agency at _____ to verify information contained in this form or for additional
information.

Signature of Community-Based Care Lead Agency Representative

Date Signed