

**REQUEST FOR WAIVER
WHEN SOCIAL SECURITY NUMBER IS NOT PROVIDED**

I do hereby certify that I am the parent/guardian of the student noted below and that I am unable/unwilling to provide a federal social security number for this student for the following reasons: _____

I also certify that the following information is true and correct:

Student's Full Name: _____

Date of Birth: _____

Mother's Full Name: _____

Father's Full Name: _____

I request the Superintendent waive the Code of Virginia requirement that states that all students must provide a federal social security number within 90 days of enrollment.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Signature of School Official

School Name

Superintendent's Signature

Date