

Date Received: _____
Received By: _____

**ASUO CHILD CARE SUBSIDY
REQUEST FOR EXCEPTION TO CONTRACT**

RETURN COMPLETED FORM TO: ASUO Executive Office, Suite 4, Erb Memorial Union.

You have the right to carry this request forward to the ASUO Task Force in person and to let the ASUO staff know if you want the date of the next meeting.

University of Oregon Parent(s)

Name _____ Student: __ yes __ no

Student ID # _____ Phone # _____

Address _____ City _____ State ____ Zip _____

E-Mail address _____

Partner's Name _____ Student: __ yes __ no

Child's Name(s): (a) _____ Age _____ (b) _____ Age _____

(c) _____ Age _____ (d) _____ Age _____

Please explain the reason why you do not currently qualify for the ASUO Child Care Subsidy Program and why you feel an exception should be granted for your situation. If needed use a separate piece of paper.

PROCESS/POLICY REQUESTING EXCEPTION TO: # _____

Brief description: _____
(Processes and Policies are available online and in our office)

Signature _____ Date _____

DO NOT WRITE BELOW: OFFICE USE ONLY

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Date Action Taken: _____

Approved _____ Denied _____ Pending _____

Regarding Rule # _____

ASUO Task Force Comments: