

**STUDENT BUSINESS SERVICES  
ELECT TO PAY FORM**

Name: \_\_\_\_\_  
Last First MI

ID Number: R \_ \_ \_ \_ \_

Semester: \_\_\_\_\_

I understand that I have the option to elect to pay for any fees that were previously waived on my account in order to utilize services. I further understand that making the election to pay any of the fees listed below also requires the payment of the ID Card Fee in order to take effect. I do hereby exercise this option and I understand that this decision is irrevocable (non-refundable). I also understand that these amounts are based upon semester credit hours for which I am enrolled at the time of submitting this request. Student Business Services will verify enrollment in the semester indicated. This form is only valid for the semester indicated.

I elect to pay additional charges (amounts) for the fees indicated below:

Medical Services Fee

Student Services Fee

Please email this form to [SBSElp@TTUHSC.EDU](mailto:SBSElp@TTUHSC.EDU) or sign completed form and return to TTUHSCEP Student Business Services Office, 5001 El Paso Drive, El Paso, TX 79905.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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TTUHSCEP Student Business Services Use Only

Date Entered: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medical Services Fee E448

Student Services Fee E443

Entered By: \_\_\_\_\_