Thompson Rivers University Students' Union Local 15 Canadian Federation of Students 900 McGill Rd Kamloops, BC V2C 5N3 250.828.5289 • www.trusu.ca



## **UPASS Opt Out Form**

Name:		Student Number:			
E	Email:				
Phone Number: (H) (C):					
N	Mailing Address:				
I qualify for a TRUSU UPASS opt out for: (Please circle one)					
F	Fall / Winter / Summer : 20				
<ul> <li>□ I spend the majority of the semester (seven weeks) off campus</li> <li>□ I am enrolled in a program that spans less than six weeks</li> <li>□ My primary residence is outside the Kamloops transit boundaries</li> <li>□ I have a disability services bus pass issued by the province</li> </ul>					
	***For O	ffice Use Only*	**	LIDACC	
	Date Received:			UPASS	
	Receiver Name:				
	Date Disbursed:				
	Reviewed:				
		Approved	Denied		

\*\*\*Please attach a copy of your course registration form and BC ID\*\*\*

