

## UPASS Opt Out Form

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (C): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I qualify for a TRUSU UPASS opt out for: (Please circle one)

Fall / Winter / Summer : 20\_\_\_\_\_

- I spend the majority of the semester (seven weeks) off campus
- I am enrolled in a program that spans less than six weeks
- My primary residence is outside the Kamloops transit boundaries
- I have a disability services bus pass issued by the province

**\*\*\*For Office Use Only\*\*\***

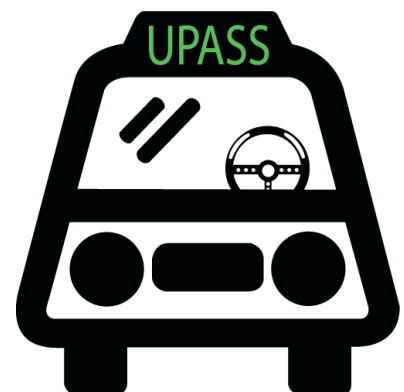
Date Received: \_\_\_\_\_

Receiver Name: \_\_\_\_\_

Date Disbursed: \_\_\_\_\_

Reviewed: \_\_\_\_\_

Approved  Denied



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