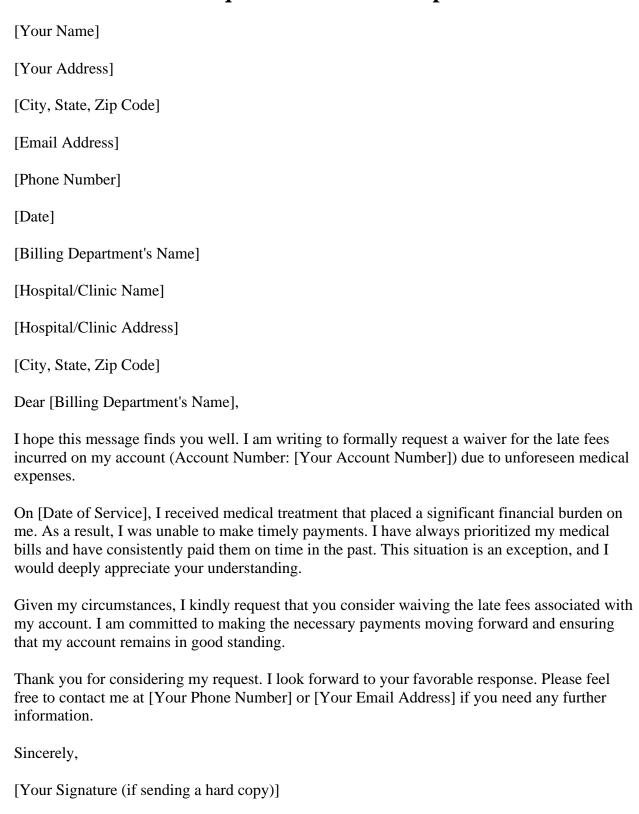
## **Late Fee Waiver Request for Medical Expenses**



[Your Printed Name]