



The Faculty Children Exchange (FACHEX) Waiver

Student Information

Name _____ Banner ID _____

Address _____

Home Phone _____ Cell Phone _____

College Class 20__-20__ Freshman__ Sophomore__ Junior__ Senior__

Student Signature _____ Date _____

FACHEX Employee Information

Parent Name _____

College/University _____

Position: Faculty __ Staff __ Administrator__

I am an employee in good standing at _____.

I am eligible for tuition remission for my child and I agree to notify John Carroll University if there is a change in eligibility status.

Parent Signature _____ Date _____