

**HEARTLAND COMMUNITY COLLEGE
STUDENT REQUEST FOR ILLINOIS STATE UNIVERSITY'S STUDENT HEALTH SERVICES**

I, _____, am enrolled at Heartland Community College for the _____ semester. I would like to request enrollment in Illinois State University's Student Health Services for the above semester. I understand the cost will be _____ per semester. If I drop all of my Heartland Community College classes, I will also be dropped from the Illinois State University's Student Health Services. A refund will be issued back to me for the cost listed above, if the cost was paid and I have dropped prior to the beginning of the above semester.

I understand this does not qualify as health insurance.

I agree to permit Heartland Community College to send the following information to Illinois State

University's Student Health Services:

- 1) Name _____
- 2) Date of Birth _____
- 3) Gender _____

Signature

Date