

UPASS Opt Out Form

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

Name: _____ Student Number: _____

Phone Number (H): _____ (C): _____

Mailing Address: _____

Email: _____

I qualify for a TRUSU UPASS opt out because:

- 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

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

Date Received: _____

Receiver Name: _____

Receiver Signature: _____

Date Disbursed: _____

