



Opt-Out Form: Lansing SAVE

Student Account Number:	Student Name <i>(please print)</i>
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Please complete and return this form ONLY if you would like to opt out of having your child automatically enrolled in the Lansing SAVE program.

OPT-OUT FORM

I/We choose to NOT participate (opt out) of the Lansing SAVE program.

Parent or Guardian Signature

Date

Parent or Guardian Printed Name

Return your completed Opt-Out form to the school where your child is enrolled.

Optional: Please let us know why you have elected not to participate in the automatic enrollment of your child in the Lansing SAVE program.

FOR MSUFCU OFFICE USE ONLY		
_____ Date Received	_____ Employee Name	_____ Employee Number

