FEE WAIVER REQUEST FORM

Mail to:
Attn: Finance
Evaluation Systems
Pearson
P.O. Box 226
Amherst, MA 01004
Phone: (800) 778-5315
Email: estestvoucher@pearson.com

Instructions
Complete and mail this form before registering to test.
You will be contacted regarding the resolution of your request, usually within three weeks. If your fee waiver request is approved, you will be given instructions about how to register.

1. Name
   Last
   First
   Middle
   Initial

2. Address
   Post Office Box or Street Address and Apartment Number
   City or Town
   State
   ZIP Code

3. Customer Number (found in your account at the program website)

4. Telephone Numbers
   Daytime
   Evening
   Area Code
   Area Code

5. Email address:

6. Test you wish to take:

7. Family size (including yourself):

8. Number of dependents (as defined by Federal Income Tax Form):

9. Current education level:

10. Tuition for current year:

11. Gross family income, including your own (as reported on the latest Federal Income Tax Form):

12. Name of institution or agency requiring your scores:

13. Name of institution you currently attend:

14. I certify that I am the person making this request and whose name and address appear on this form.

   Signature
   Date

Financial Aid Information
This section must be completed and signed by the financial aid director of the institution. The embossed school seal must be affixed, or the signature must be notarized in the appropriate place below.

1. Is the examinee receiving financial aid?
   □ Yes    □ No

2. If yes, how much: ________________

3. How will the test scores be used?
   □ admission into teacher preparation program
   □ initial certification
   □ other (briefly explain): ____________________________

   Signature

   Institution

EMBOSSED SCHOOL SEAL OR NOTARY STAMP