

## 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.

	Name	
	Last First Middle	
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):	
	Number of dependents (as defined by Federal Income Tax Form):	
	Current education level:	
10.	Tuition for current year:	
	Gross family income, including your own (as reported on the latest Federal Income Tax Form):	
	cross raining medicine, including your own (as reported on the latest rederal medicine lax rollin).	
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	Name of institution or agency requiring your scores:	
	Name of institution or agency requiring your scores:	_
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