

FEE WAIVER REQUEST FORM

For Oregon licensure candidates:

Mail to: Evaluation Systems Pearson P.O. Box 340880 Sacramento, CA 95834-0880

Phone: (916) 928-4017

For all other candidates:

Mail to: **Evaluation Systems** Pearson P.O. Box 660

Amherst, MA 01004 Phone: (800) 778-5315

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	Initial
	Post Office Box or Street Address and Apartment Number	
	City or Town State Z	IP Code
3.	City or Town State Z Date of Birth	ir Code
	Month Day Year	
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:	_
	. Gross family income, including your own (as reported on the latest Federal Income	Tax Form):
	. Name of institution or agency requiring your scores:	·
	. Name of institution you currently attend:	
4 4	. I certify that I am the person making this request and whose name and address app	ear on this form.
14.	Tertify that I am the person making this request and whose hame and address app	
	ignature Date	
Sig		
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