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 ____ Area Code ____ Evening ____ 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

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