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 Name

   First Name

   Middle Initial

2. Address

   Post Office Box or Street Address and Apartment Number

   City or Town

   State

   ZIP Code

3. Telephone Numbers

   Daytime

   Evening

   Area Code

   Area Code

4. Email address: 

5. Test you wish to take:

6. Name of institution you currently attend:

7. 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): ______________________

4. By signing below, I certify that I am the institutional representative whose name appears on this form, and that I am authorized by my institution to recommend the examinee named on this form for a fee waiver.

   Signature

   Name (please print) ______________________

   Title ______________________

   Institution ______________________

EMBOSSED SCHOOL SEAL OR NOTARY STAMP