

FEE WAIVER REQUEST FORM

Mail to: Attn: Finance Evaluation Systems Pearson 300 Venture Way

Hadley, MA 01035

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	
	Email address:	
	Test you wish to take:	
	Family size (including yourself):	
	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.	\neg
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Sig	gnature Date	
Fin	ancial Aid Information	
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