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. Telephone Numbers
   Daytime
   Area Code Area Code
   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 ____________________________