



# FEE WAIVER REQUEST FORM

**Mail to:**

Attn: Finance  
Evaluation Systems  
Pearson  
300 Venture Way  
Hadley, MA 01035  
**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

EMBOSSSED  
SCHOOL SEAL  
OR NOTARY  
STAMP