FEE WAIVER REQUEST FORM

For Oregon licensure candidates:
Mail to:
Evaluation Systems
Pearson
P.O. Box 340880
Sacramento, CA 95834-0880
Phone: (916) 928-4017

For all other candidates:
Mail to:
Evaluation Systems
Pearson
P.O. Box 660
Amherst, MA 01004
Phone: (800) 778-5315

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. **Date of Birth**
   Month Day Year
4. **Telephone Numbers** Daytime / Evening
   Area Code / 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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