

FEE WAIVER REQUEST FORM

Mail to: Attn: Finance Evaluation Systems Pearson P.O. Box 226 Amherst, MA 01004

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
2.	Address	Initial
	Post Office Box or Street Address and Apartment Number	·
	City or Town	State ZIP Code
3.	Customer Number (found in your account at the pr	rogram website)
		-
4.	Telephone Numbers Daytime	Evening
	Arra Cada	Arra Cada
_	Area Code	Area Code
	Email address:	
	Test you wish to take:	
	Family size (including yourself):	
	Number of dependents (as defined by Federal Ir	
9.	Current education level:	
10.	Tuition for current year:	
11.	Gross family income, including your own (as re	ported on the latest Federal Income Tax Form):
		ported on the latest Federal Income Tax Form):ores:
12.	Name of institution or agency requiring your sc	ores:
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