

## FEE WAIVER REQUEST FORM

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.

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