pennsylvania
EDUCATOR CERTIFICATION TESTS

# FEE WAIVER REQUEST FORM

**Mail to:**
PECT Program
Attn: Finance
Evaluation Systems
Pearson
P.O. Box 226
Amherst, MA 01004
**Phone:** (800) 877-4591 or (413) 256-2886
**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. Telephone Numbers** Daytime | 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

EMBOSSED SCHOOL SEAL OR NOTARY STAMP

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