



**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

Area Code

Evening

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

**EMBOSSSED  
SCHOOL SEAL  
OR NOTARY  
STAMP**