



Fee Waiver Request Form

National Testing Network partners with client agencies to provide a fee waiver program for applicants who cannot afford the testing fee. Please review information on the NTN website to verify that you are applying for hardship fee waiver with an agency that participates in this program. NTN will submit this form, and any supporting documentation will be submitted to the agency for approval.

First Name: _____
Last Name: _____
Address: _____
City, State, ZIP: _____
Phone #: _____
Email: _____
Position Applying: _____
Department(s) Applying: _____

To apply for the waiver you must show proof of financial hardship. Include this information with this form. Some examples of financial hardship are:

- Food Stamp Card
- Current unemployment check stub or statement
- AFDC Card
- Any form from Work Source or the Unemployment office verifying job related hardship.
- Any other proof deemed acceptable by NTN and/or the agency.

If you are not sure if your financial hardship meets the necessary criteria, please contact National Testing Network.

I (print your name) _____ hereby declare that all information filled out on this form, documentation used to verify that I cannot pay the testing fee, and my financial hardship claim is true and accurate. If not, I understand that any possibility of having my testing fee waived will be voided along with any test scores, regardless of where I am in the testing process.

Signature

Date

Please return form and proof of hardship to:

National Testing Network
ATTN: FEE WAIVER PROGRAM
3101 111th Street SW, Bay P
Everett, WA 98024
Email: support@nationaltestingnetwork.com