Request for Waiver or Deferral of College Admission Application Fee

This form must be signed by both the student and an authorized high school official.

Directions to High School Official: Photocopy this page and complete the form for individual students for whom payment of the admission application fee will be a hardship.

Directions to Student: Send this completed form along with your college application to the institutions to which you wish to apply. Keep in mind that individual institutions may consider the request but are not obligated to waive or defer payment.

TO: Director of Admissions	
Printed name of college/university	
RE: printed name of student	
for the student named above. This student has applied t	aiving or deferring payment of the college admission application fee for a waiver of the ACT test fee on the basis of one or more of the my knowledge of the student's circumstances, I believe that payment of hip.
Signature of high school official	Printed name of high school
Printed name of high school official	High school telephone number
	erring payment of my college admission application fee. I certify that I valver of the ACT test fee. Furthermore, I agree to adhere to all policies the college admission application fee.
Signature of student	Student's ID number (optional)
Student's street address	Student's city, state, and ZIP code
Student's email address	

(Do not use this form to request waiver of ACT test fees; do not send this form to ACT.)