



# 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. NTN will submit this form and any supporting documentation to the agency for approval.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Position Applying: \_\_\_\_\_

Department 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 (name must be on the card) or Food Stamp benefit letter
- Current unemployment check stub or statement
- Cash assistance benefit letter from a state agency
- Any form from WorkSource or the unemployment office verifying job related hardship

I, \_\_\_\_\_, 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 list the specific department/agency from which you are requesting a fee waiver. If applying to multiple agencies, a separate fee waiver request form must be submitted for each agency. Once received, along with proper documentation, the request will be forwarded to the department you selected to make the final decision. The process may take up to two weeks. Submitting a fee waiver request does not exempt the candidate from meeting testing deadlines.

Please return form and proof of hardship to:

**Preferred method:**

Scan and email to [Support@nationaltestingnetwork.com](mailto:Support@nationaltestingnetwork.com)

\*Please blank out any personal information in your documentation that is not safe to be transmitted through email.

**Alternate method** (Please allow at least 5 business days for our staff to receive the form):

**National Testing Network**  
**ATTN: FEE WAIVER PROGRAM**  
18720 33rd Ave. W  
Lynnwood, WA 98037