

TOEFL® Fee Reduction Service Voucher Request Form 2011-12
(for use in the United States only—not valid for test dates after June 30, 2012)

Counselor and School Information

Name of Counselor: _____
School Name: _____
School Code #: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone #: _____ Fax #: _____ E-mail: _____

I certify that the following student(s) attending my high school meet the eligibility requirements for the TOEFL® Fee Reduction Service. For each student applying for a fee reduction voucher, I have enclosed a check or postal money order for one half of the regular test fee (plus applicable sales tax), made payable to ETS-TOEFL iBT, or to ETS-TOEFL for paper-based test administrations. The student's name is written on the front of each payment submitted. **I verify that each student is not a foreign exchange student in the United States on a temporary basis.** I have also enclosed a Student Profile form for each student who will be registering by mail or by phone.

Signature of Counselor _____
Date

List of Students Requesting Fee Reduction Vouchers (Please print clearly)

Last Name	First Name	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have additional students, please print or type their names on a separate sheet of paper. Be sure to include their dates of birth. **A complete list of names, a check or postal money order for each student, and a student profile for each student who will be registering by mail or by phone must accompany this voucher request form.**

Mail to: TOEFL Fee Reduction Service
Educational Testing Service – MS 13-Q
PO Box 6156
Princeton, NJ 08541-6156

