



**TOEFL® Fee Reduction Service Voucher Request Form**  
(for use in the United States only)

**Counselor and School Information**

Name of Counselor: \_\_\_\_\_

School Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that the following student(s) attending my high school meet the eligibility requirements for the TOEFL® Fee Reduction Service.

The fee reduction voucher will cover 50% of the test fee. The student will pay 50% of the test fee using an acceptable form of electronic payment method when they register for the test.

\_\_\_\_\_  
Signature of Counselor

\_\_\_\_\_  
Date

**List of Students Requesting Fee Reduction Vouchers (please print clearly)**

Last Name	First Name	Date of Birth	ETS ID#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Send completed form to [ibtvoucher@ets.org](mailto:ibtvoucher@ets.org).