

TOEFL® Fee Reduction Service Voucher Request Form 2017-18
(for use in the United States only—not valid for test dates after June 30, 2018)

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. 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 (US\$97.50 for the TOEFL iBT® test or US\$90.00 for the revised TOEFL Paper-delivered Test), made payable to ETS-TOEFL iBT, or to ETS-TOEFL for paperadministrations. 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	ETS ID#
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

