

**TOEFL® Fee Reduction Service Voucher Request Form 2018-19**  
(for use in the United States only—not valid for test dates after June 30, 2019)

**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 50% of the current regular test fee, made payable to ETS-TOEFL iBT, or to ETS-TOEFL for paper 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 register 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#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 completed Student Profile for each student who will register 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

