



Request for ACT Registration Fee Assistance Educational Talent Search

356 Wiecking Center, Mankato, MN 56001 Phone: 507-389-5175 Fax: 507-389-6904
(In order to guarantee processing, waiver must be received by ETS at least 3 business days prior to request deadline)

Student Name _____ School _____ Grade _____
Address _____ City _____ State _____ Zip Code _____
Phone: (Home) _____ (Cell) _____
Social Security # (required) _____ Email Address(Must Print Legibly): _____

You must complete and fax or mail this form to ETS for approval. If seeking waiver, do not pay for ACT until ETS approval has been granted. ETS is not able to reimburse you once you pay. You will be notified within **four** business days upon ETS receiving your request. (ETS will email the Waiver number to you and your high school counselor.) **Do not** wait until the week before the test deadline to complete this form if you would like assistance as ETS needs processing time.

Requirements for Requesting Fee Assistance

- Low Income Eligibility
- Completed Access to Records form on file at ETS or with this request
- Current Transcript on file at ETS or with this request

ETS reserves the right to deny fee waivers if prep coursework has not been completed or grades don't meet standards.

- ACT Test Information:
 - I am applying: _____online _____paper copy
 - Test Date _____
 - Test Location _____
 - Registration Deadline _____
- Have you taken the ACT before? Yes No (circle one)
If yes, what was your score? _____
- Is this your _____1st or _____2nd ACT Waiver request? (A maximum of 2 waivers is allowed by ACT)

Which colleges/universities are you sending your ACT results to? _____

What are your career plans? _____

- What is your: Cumulative GPA _____ Class Rank # _____ out of _____. (required)
- My plans to prepare for ACT include: (A) Prep Workshop (B) Practice Test (provided in Preparing Booklet in registration packet) (C) MCIS Test Prep (D)Other _____. (Circle each that applies)

I understand that this form will not register me for the ACT test – that is my responsibility. I agree to notify Educational Talent Search with my ACT results.

Student Signature _____ Date _____

▶▶NOTE: If this request is approved, you will receive a waiver number from ETS via email. This waiver number is valid for one use only. If you are using the paper copy to register, you will need the actual waiver form signed by ETS staff and yourself, which will be mailed to you upon approval. ◀◀

ETS Office Use Only: AD Verification Type _____ Received in ETS _____ Advisor Recommendation _____ Director Approval _____
_____ Approved _____ Denied If Approved: _____ Waiver Sent to Student _____ Date _____