

2009/2010 SAT FEE WAIVER REQUEST FORM

Please **email** this completed form, as an attachment, to Janice Coplin at jtc30@pitt.edu

Today's Date: ___/___/ **20** County: _____

Select Type of SAT Waiver: Reasoning Test Subject Test

REQUESTOR INFORMATION: (Note: Waivers will be mailed to Requestor at this address)

Name: _____ Phone #: ___-___-___ Ext: _____ Email: _____

Requestor Street Address: _____

City: _____ State: **PA** Zip Code: _____

YOUTH INFORMATON:

Is Youth currently in PILOTS? **Yes:** (Note: Waivers *cannot* be issued unless youth is in PILOTS)

First Name: _____ Middle Initial: _ Last Name: _____

Social Security Number: ___ - ___ - ___ Date of Birth: ___ / ___ / ___

Gender: Male Female Phone #: ___-___-___ Year youth will graduate: Select One

Street Address: _____

City: _____ State: **PA** Zip Code: _____

PLEASE CHECK ONLY ONE SAT DATE:

TEST DATE: October 10 November 7 December 5
Registration Deadline (September 9) (October 1) (October 30)

January 23 March 13 May 1 June 5
Registration Deadline (December 15) (February 4) (March 25) (April 29)

Is Youth requesting a **College Waiver**? **Yes** Number Requesting: Select **No**

(Note: If youth is currently a junior, only 2 are permitted for the school year. If youth is a senior, 4 are permitted for school year provided none were used in junior year)

CWTP Use Only: Agency Code: _____ Date Mailed: ___/___/___

Notes: _____