

ADVANCED PLACEMENT (AP) TEST FEE WAIVER PROGRAM ASSURANCE FORM

I certify that all students participating in the Arizona Department of Education AP Exam Fee Waiver Program for the 2012-2013 academic year have met the following guideline for low-income eligibility: 1) Data on children eligible for free or reduced-priced lunches under the National School Lunch Act.

Superintendent (please print)

AP Representative (please print)

Signature

Signature

Date

District / Charter Holder

Participating High School(s):

Street Address

City, State, Zip

Phone Number

E-mail Address (please print)

Date

Please return to:

**Arizona Department of Education
Advanced Placement Test Fee Waiver Program Bin 64
1535 W. Jefferson Street
Phoenix, AZ 85007**

You may also **scan and email** your signed form to
apwaivers@azed.gov
or, **fax** your signed form to (602) 364-0902.

Please contact us with questions regarding the AP Test Fee Waiver Program at:
Sandra.Skelton@azed.gov or (602) 542-4234