

# ADVANCED PLACEMENT (AP) TEST FEE WAIVER PROGRAM ASSURANCE FORM

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I certify that all students participating in the Arizona Department of Education AP Exam Fee Waiver Program for the **2014-2015** 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

\_\_\_\_\_  
Date

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**Please return by October 16<sup>th</sup> to:**

**Advanced Placement Test Fee Waiver Program**

Arizona Department of Education

1535 W. Jefferson Street, Bin 64

Phoenix, AZ 85007

You may also **scan and email** your signed form to

**[apwaivers@azed.gov](mailto: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](mailto:Sandra.Skelton@azed.gov)**