University of Northern Iowa
Wilson College of Business

Request for Test Fee Waiver

Please fill out this form completely and return it to Sarah Garland, either by mail or as a scanned email attachment.

CERTIFICATION STATEMENT: *I certify that I understand and meet all eligibility requirements to request a Financial Skills for Smart Living exam fee waiver.*

STUDENT'S NAME | STUDENT'S SIGNATURE | DATE

STUDENT'S ADDRESS | CITY | STATE | ZIP

AUTHORIZED OFFICIAL: Print or type the information requested below and check the indicator(s) of economic need. You must **personally** sign the Certification Statement.

CERTIFICATION STATEMENT: *I certify that the student named on this form meets the economic need indicator checked below.*

AUTHORIZED OFFICIAL'S NAME | AUTHORIZED OFFICIAL'S SIGNATURE | DATE

AUTHORIZED OFFICIAL'S TITLE | AUTHORIZED OFFICIAL'S EMAIL

NAME OF EDUCATIONAL INSTITUTION OR ORGANIZATION

ADDRESS | PHONE

ECONOMIC NEED: The student must meet the following economic need indicator.

☐ Student is enrolled in or eligible to participate in the Federal Free or Reduced Price Lunch program (FRPL).

*Sarah Garland
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Cedar Falls, IA 50614-0125
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