

SAT or ACT Reimbursement Request

Student Name: _____ Grade: _____

Date of Request: _____ Date of Birth: _____

SAT Test:	ACT Test:
Did you use a Fee Waiver? YES NO	Did you use a Fee Waiver? YES NO
Date of Test: _____	Date of Test: _____
Location of Test: _____	Location of Test: _____

A reimbursement will not be given if a student uses a fee waiver. No late fees will be reimbursed. A student will receive only 1 reimbursement. Fees for the writing portion of the exam will not be reimbursed.

Parent Signature: _____

Student Signature: _____

Please fill out this form, attach a payment receipt, and return it to Mrs. Balmos in the counselor's office.

I verify that the above student took the SAT or ACT test on the date listed.

_____ Linsey Balmos, Guidance Counselor

_____ Date

_____ TSDS Number