



Request to Waive OCSEF Application Fee

SEND THIS FORM DIRECTLY WITH YOUR APPLICATION TO THE OCSEF:

NAME OF YOUR SCHOOL

STUDENT: Print or type the information requested below. You must **personally** sign the Certification Statement.

CERTIFICATION STATEMENT: *I certify that all information on this application fee waiver is true and correct.*

STUDENT'S NAME

STUDENT'S SIGNATURE

STUDENT'S ADDRESS

CITY

STATE

ZIP

SCHOOL INFORMATION: Print or type your school information below.

TEACHER'S NAME

TEACHER'S EMAIL

SCHOOL ADDRESS

CITY

STATE

ZIP

REASON FOR WAIVER: Please indicate the reason for the fee waiver (eg. hardship).

Mail the completed form to:
OCSEF Registrar
4199 Campus Dr. Suite 260
Irvine, CA 92612

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