



Print or type the information requested below. You must personally sign the certification statement.

Student Name _____ Student ID Number _____

Student Date of Birth _____ Student Phone Number _____

Name of High School _____ City, State Zip Country (If not in the US) _____

Date of Graduation _____

<i>T</i>	<i>T</i>	<i>T</i>	<i>T</i>	<i>T</i>	<i>T</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Student Signature

Today's Date

Result of Waiver:

_____ Approved

_____ Denied

Signature

Title

Date