



**ILLINOIS STATE  
UNIVERSITY**  
*Illinois' first public university*

**Office of Admissions**

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Campus Box 2200  
Normal, IL 61790-2200  
Phone: (309) 438-2181  
(800) 366-2478  
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IllinoisState.edu

## Fee Waiver Verification Form

Student Name \_\_\_\_\_

Birthdate \_\_\_\_\_

### High School Students

Student qualifies for the free or reduced-price lunch program.

- Yes  
 No

### College Students

Student qualifies for full federal aid with an estimated family contribution (EFC) of \$1000 or less.

- Yes  
 No

### Certification by school or college counselor

By signing below, I verify that the information provided is accurate.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Position Title*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*School or College*

\_\_\_\_\_  
*Date*

Please email to [Admissions@IllinoisState.edu](mailto:Admissions@IllinoisState.edu) or mail this form to:

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Normal, IL 61790-2200