

Henry M. Jackson High School

2025-26 Advanced Placement (AP) Fee Waiver Form

Student Information:

Name: _____ Student Number: _____

Eligibility Verification:

☐ I am currently approved for the **Free/Reduced Lunch Program** at Henry M. Jackson High School. *(Verification will be confirmed by school staff.)*

List Requested AP Exams:

Acknowledgement:

By signing below, I authorize eligibility status to be shared with the AP Program through CollegeBoard. I understand that this form authorizes release of name and eligibility status only. No other information or demographics are allowed to be shared.

Student Name: _____

Student Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

For Staff Use Only:

☐ Staff Verified (Free/Reduced Lunch)

Initials: _____ Date: _____

