**Testing Costs Reimbursement Request Form**

**Instructions:** Complete and email this form along with your test fees/receipts to: [YOURpath4adultlearners@gmail.com](mailto:YOURpath4adultlearners@gmail.com)

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| --- |
| Full Name: |
| Full Address: |
| City/State/Zip Code: |
| Date: |
| PayPal Account: |
| Academic Track (GED or HiSET) |
| Number of subtests passed while in the program: |
| Cost of each Subtest $ |
| Total reimbursement request $ |
| Do you have receipts? |