



## **Fee Waiver Request Form**

I \_\_\_\_\_ certify that I am currently serving or have served in the Selective Services of the United States of America.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

My signature certifies that the information provided above is true. I agree to provide proof of the information if requested. I understand that Money Sharp Credit Counseling Inc. will make the final determination regarding my fee waiver request form.

**Return via email to: [HelpDesk@moneysharp.org](mailto:HelpDesk@moneysharp.org) or Fax: (866) 201-2215**

***Also include a copy of your DD214 form if you are retired or a copy of your military ID if you are currently active.***

Full Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_