2017–18 Advanced Placement/International Baccalaureate Exam
Statement of Income Eligibility

I, _________________________________, parent/guardian, of
_________________________ (student’s name), have received a copy of the Federal
2017–18 Annual Low-Income Levels*. I certify that my family household income is
within the income guidelines for a family of ___________ (write number of family
members).

______________________________  _______________________
Parent/Guardian Signature       Date

* Household income does not exceed 185 percent of the federal poverty income
guidelines.

* This form is to be retained by the school site for five years.