

PROGRAMS AND SERVICES
TRAINING REGISTRATION FEES

CERTIFICATION FOR WAIVER/REDUCTION OF
CONTINUING LEGAL EDUCATION COURSE FEE

I, _____ residing at _____
(Full Name) (Address)

hereby certify that I am without financial means to pay the regular course fee for the following Continuing
Legal Education Course (CLE) offered by the New Jersey School Boards Association.

(Course Name) (Course Date)

Attached are documents detailing the nature of the financial hardship.

I certify that the statements herein are true and that I may be subject to punishment if I have made a willfully
false statement.

Signature

Date