

6. Test Dates:

Fill in the month and year of each test date for which you are requesting a copy of your test results. Under each test date, list the test(s) taken at that administration (see "Test Selection").

A. Month _____ Year _____

Tests Taken

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| | |
|--|--|

Code

Test

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Code

Test

B. Month _____ Year _____

Tests Taken

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Code

Test

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|--|--|

Code

Test

C. Month _____ Year _____

Tests Taken

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|--|--|

Code

Test

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|--|--|

Code

Test

7. Test Results Request Mailing Address:

If you want to send the copy of your test results to an address other than your own (e.g., to your educator preparation institution), fill in the complete address on the lines below.

8. The fee for an additional copy of your test results is **\$40 per copy for each test date**. Please enclose a money order or cashier's check for the appropriate amount payable in U.S. dollars to Evaluation Systems. Personal checks are not accepted; do not send cash.

Indicate the amount enclosed: \$

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9. I certify that I am the person whose name and address appear on this form.

Signature

Date

IF THIS FORM IS NOT SIGNED OR IS NOT ACCOMPANIED BY THE CORRECT PAYMENT, IT WILL BE RETURNED TO YOU UNPROCESSED.

**Payable by
Money Order
or
Cashier's Check
Only**