ADDITIONAL SCORE REPORT REQUEST



Complete this form to request that your scores be sent to a designated score recipient or to you. Your report will include your highest score for each test taken over the last 10 years. Complete and mail this form with a remittance of \$40 for each report requested. ETS will honor a telephone or faxed request to send your scores to a recipient (telegram requests will not be honored). Your request will be processed in approximately ten working days after receipt. If you request that a copy of your score report be sent to a designated score recipient, you will automatically receive a copy of your score report confirming that your scores were sent as requested. Scores for a specific test will be sent to a recipient only if that recipient is eligible to receive those scores.

You may not use this form to delete or substitute score recipients previously listed on your registration form.

Mail this completed form with your payment to:

ETS—ASR Box 371463 Pittsburgh, PA 15250-7463

(if available)		
ME: Print your last name, first name, an	d middle initial exactly a	you did when you last tested.
Name – first 15 letters ME AT TIME OF EARLIER TEST, IF DIFFERE		st Name – first 10 letters M.I.
AT TIME OF EARLIER TEST, II DITTERE		
SENT ADDRESS: Number and Street (inc	lude apartment number)	Check here if this is a new address.
	State or	ZIP Code (U.S. only) ZIP Code (U.S. only) (outside U.S. & P.R. only)
	State or Province	CIP Code (U.S. Orlly) (outside U.S. & P.K. only)
ATE OF BIRTH SOCIAL SEC	URITY NUMBER	DAYTIME TELEPHONE NUMBER LATEST TEST DATE (approximately)
19	_	
h Day Year		Month Day Year
recently tested and I want my request administration are available. Indicate test (Follow directions on the ticket correctic your admission ticket to change or delet upcoming test.) I am requesting only a candidate copy (reported to any score recipients). Fee for the Following test. E: Public and county schools are gener recipients. Please check the Recipien on the Praxis website before entering	t date: In form attached to e recipients for an do not want my scores r candidate copy is \$40. ally <u>not</u> score t Code List	GST/HST Reg. #131414468 RT\$ QST Reg. #1087967545\$ Add Value Added Tax or similar taxes where applicable.*\$ AMOUNT DUE\$ *See the "Fees" section of the Praxis website for information about taxe PAYMENT Please make check or money order payable to ETS—The Praxis Series. Do not send cash. Orders received without payment or with incorrect payment will be returned. Payment enclosed American Express* Visa* Discover* MasterCard* JCB* Credit/Debit Card Number Expiration Date
		IPIENT INFORMATION BELOW. ipient Code List on the <i>Praxis</i> website.)
CODE SCORE RECIPIENT	. 5	LOCATION
+++		