GRE COMPUTER-BASED GENERAL TEST AUTHORIZATION VOUCHER REQUEST FORM 2008–09

DO NOT FAX THIS FORM

To register online, visit ets.org/gre/grereg.

Use this form ONLY if you are paying with a fee reduction certificate, if you are a test taker with a disability and are requesting testing accommodations, or if you are paying with a payment method other than credit card.

- Print all information clearly.
- Use black ink.
- Mail completed form and payment to:

  ETS-CBT/GRE
  Box 371859
  Pittsburgh, PA 15250-7859

- **Test Takers with Disabilities:** Complete this form and follow the instructions at ***ets.org/disability***. Mail all necessary forms and test fees to:

  ETS–GRE
  Disability Services
  PO Box 6054
  Princeton, NJ 08541-6054

First (Given) Name (as on photo ID document): **Middle Initial:**

Last (Family/Surname) Name (as on photo ID document):

Address Line 1:

Address Line 2:

City:

State or Province:

Primary Phone (Include Area Code): – –

ZIP or Postal Code:

Alternate Phone (Include Area Code): – –

Country Code: **(Refer to *Bulletin*)**

U.S. Social Security Number: – –

E-mail Address:

Date of Birth (MM-DD-YYYY): – –

Remittance
Amount Enclosed: _____

NOTE: DO NOT SEND CASH. Certified checks, money orders, and personal checks must be payable to **ETS-GRE/CBT**. See page 9 of the *Bulletin*.

CBT General Test Fee

* $140 – United States, Puerto Rico, Guam, and U.S. Virgin Islands
* $170 – All other locations

* Effective May 1, 2009, the fee for the General Test will increase by $10.

In Canada, add GST/HST and QST to total remittance.
GST/HST Reg. #131414468 RT
QST Reg. #1087967545

Add Value Added or similar taxes where applicable. See "Fees" in the Test Takers section of the GRE website for information about taxes.

By sending your check to us, you authorize ETS to convert the check into an electronic fund transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment and you will no longer receive a canceled check. If you do not have sufficient funds in your account, an additional service fee of $20 will be added to your account.

ETS USE ONLY
FR____ H____

O American Express® O Discover® O JCB®
O MasterCard® O VISA®

Credit Card Expiration Date: – (MM–YY)

Card Holder Name:

I hereby agree to the conditions set forth in the *2008–09 GRE Bulletin,* specifically those concerning test administration, payment of fees, the reporting of scores, and the confidentiality of test questions. I certify that I am the person who will take the test at the center and whose name and address appear on this form.

Signature: _____ **Date:** _____

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This form can be downloaded at ets.org/gre/stupubs.