ADDITIONAL SCORE REPORT REQUEST

The Praxis Series™

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
PO Box 371463
Pittsburgh, PA 15250-7463

PLEASE PRINT ALL INFORMATION BELOW.

CANDIDATE ID NUMBER (if available)

NAME: Print your last name, first name, and middle initial exactly as you did when you last tested.

Last Name – first 15 letters | First Name – first 10 letters | M.I.

NAME AT TIME OF EARLIER TEST, IF DIFFERENT

PRESENT ADDRESS: Number and Street (include apartment number)

Check here if this is a new address. ☐

City | State or Province | ZIP Code (U.S. *only*) | Country Code (outside U.S. & P.R. only)

DATE OF BIRTH (Month Day 19 ____ Year) | **SOCIAL SECURITY NUMBER** | **DAYTIME TELEPHONE NUMBER** | **LATEST TEST DATE** (approximately) (Month Day Year)

Please check box, if applicable:

☐ I recently tested and I want my request held until scores for that administration are available. Indicate test date: _____. (Follow directions on the ticket correction form attached to your admission ticket to change or delete recipients for an upcoming test.)

☐ I am requesting only a candidate copy (I do not want my scores reported to any score recipients). Fee for candidate copy is $40.

NOTE: Public and county schools are generally not score recipients. Please check the Recipient Code List on the Praxis website before entering information below.

FEES (See the website for explanation.)

Number of Reports _____ x $40 = $ _____
In Canada, add GST/HST and QST to total remittance.
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 taxes.**

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

_____
Cardholder's Signature

PLEASE PRINT SCORE RECIPIENT INFORMATION BELOW.
(Use the Attending Institution/Recipient Code List on the *Praxis* website.)

CODE	SCORE RECIPIENT	LOCATION
R		
R		
R		
R		

I authorize Educational Testing Service (ETS) to release my scores, under the conditions set forth in *The Praxis Series™ Information Bulletin*, to the score recipients designated on this form.

Signature _____ Date _____

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