REQUEST FOR SCORE CANCELLATION

The PRAXIS Series

Complete this form to cancel your scores. (This form can only be used to cancel scores for tests taken.) Your request must be received by ETS within one week of the test date to be honored.

ETS cannot honor requests to delete previous scores from your permanent score record.

Mail completed form to:

ETS—*The Praxis Series*
Score Cancellation
PO Box 6051
Princeton, NJ 08541-6051

or

Fax completed form to:

(609) 530-0581

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

DATE OF BIRTH	SOCIAL SECURITY NUMBER	DAYTIME TELEPHONE NUMBER
Month Day 19 ____ Year	– –	– –

TEST DATE	TEST CENTER NO.	
Month Day Year		
TEST CENTER NAME	**TEST CENTER LOCATION**	
	City State	

I was present on the test date indicated above, and I would like to cancel the following score(s):

TEST CODE(S)	NAME(S) OF TEST(S)

I understand that my test fees will not be refunded and that the score(s) I am canceling will not be sent to me or to any score recipient. I also understand that, once canceled, my score(s) cannot be reinstated.

Signature _____ Date _____

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