

2011–12 SCORE VERIFICATION REQUEST



See the Bulletin or website for more information.

Complete this form to request verification of your test score(s). Your request must be received no later than **four months after the test date**. (Telegram requests will not be accepted.) You will be sent the results of your score verification request within four weeks. Your test score will only be verified once.

TEST DATES	VERIFICATION REQUESTS MUST BE RECEIVED AT ETS BY
September 17, 2011	January 13, 2012
January 14, 2012	May 11, 2012
June 9, 2012	October 5, 2012

PLEASE PRINT ALL INFORMATION BELOW.

CANDIDATE ID NUMBER																					
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.											
PRESENT ADDRESS: Number and Street (include apartment number)																					
Check here if this is a new address. <input type="checkbox"/>																					
City				State		ZIP Code (U.S. only)				Country Code (Outside U.S. & P.R. only)											
DATE OF BIRTH			SOCIAL SECURITY NUMBER				DAYTIME TELEPHONE NUMBER														
		19																			
Month	Day	Year																			
TEST DATE			TEST CENTER NO.			TEST CENTER NAME				TEST CENTER LOCATION											
Month	Day	Year								City		State									

LIST OF TESTS AND FEES FOR SCORE VERIFICATION ARE ON THE FOLLOWING PAGE.

FEES: Please complete the following:

Fee for verifying one ParaPro Assessment Score.....	\$ 40.00
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 "Fees" in the About the Test section of the ParaPro 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 unprocessed.

- Payment Enclosed American Express® Discover® MasterCard® Visa® JCB®

Credit/Debit Card Number	Expiration Date
Cardholder's Signature	
Signature	Date

Mail completed form to:
 ETS—ParaPro Assessment
 PO Box 6066
 Princeton, NJ 08541-6066