SCORE REVIEW REQUEST FORM



Signature

See the Bulletin or website for more information.

Complete this form to request a review of your School Leaders Licensure Assessment or School Superintendent Assessment score. Your request must be received within 3 months of the test date. If your originally reported score is confirmed, a notification will be sent advising you of this outcome. If there is a change in your reported score, the revised score (which may be higher or lower than your originally reported score) will be reported to you and to the recipients of the original score, and your review fee will be refunded. Please allow up to 5 weeks for the results of the Score Review to be emailed to you. The test material and your answers to test questions are not available for disclosure. Your score for a specific test will be reviewed only once.

PLEASE PRINT ALL INFOR	MATION BELO'	W.					
CANDIDATE ID NUMBER (if available)							
NAME: Print your last n	ame, first nam	e, and middle i	nitial exactly as you	did when you test	ed.		
Last Name – first 15 letters			First N	ame – first 10 letters		M.I.	
PRESENT ADDRESS: Nun	nber and Stree	t (include apart	tment number)			Check	here if this
							w address.
City			State ZIP Co	de (U.S. only)		Country Code (outside U.S. & P.R. only)	
				_			
DATE OF BIRTH	DAY	TIME TELEPHON	NE NUMBER				_
Month Day Year		-	-				
TEST DATE	TES	T CENTER NO.	TEST CENTER NAM	E	TEST CENTER L	OCATION	
Month Day Ye	ear				City		State
FEES Please complete the fo	Ir C Q A A	6991 School Canada, add ST/HST Reg. # ST Reg. #108 dd Value Add MOUNT DU See "Fees" ir	ool Leaders Licensicol Superintendent d GST/HST and QS #131414468 RT 7967545ed or similar taxes	Assessment T to total remitt where applicable fest section of	sance. sance. sance. sance. sance. sance. sance. the SLS webs	\$ 65	
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Credit/Debit Card Number			Expira	tion Date			
Cardholder's Signature						Mail complete ETS — SLS PO Box 6066 Princeton, NJ 08	

Date