GRE® COMPUTER-BASED GRE® REVISED GENERAL TEST AUTHORIZATION VOUCHER REQUEST FORM 2011-12

DO NOT FAX THIS FORM

To register online, visit www.ets.org/mygre.

Use this form ONLY if you are paying with a fee reduction certificate, if you are a test taker with a disability or health-related needs and are requesting testing accommodations or if you are paying with a payment method other than credit/debit 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 or Health-related Needs:** Complete this form and follow the instructions at ***www.ets.org/gre/revised/disabilities***.
  Mail all necessary forms and test fees to:

  ETS 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 pages 14–16 of the *Bulletin*.

Computer-based GRE revised General Test Fee
$160 – United States, Puerto Rico, Guam, and U.S. Virgin Islands
$190 – All other locations

ETS USE ONLY
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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 US$20 will be added to your account.

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

Expiration Date: – (MM–YY)

Card Holder Name:

I hereby agree to the conditions set forth in the 2011-12 *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 www.ets.org/gre/revised/bulletinandforms.