

ADDITIONAL SCORE REPORT REQUEST



Use this form to request that your *Praxis*® scores be sent to a designated score recipient or to yourself. 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 \$50 for each report requested. ETS will honor a telephone or faxed request to send your scores to a recipient. Your request will be processed in approximately seven business days for phone requests and 10 business days for U.S. mail or fax requests. 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.

Mail this completed form with your payment to:
 ETS—Praxis
 Box 382065
 Pittsburgh, PA 15251-8065

You may not use this form to delete or substitute score recipients previously listed on your registration form.

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)																								
City										State					ZIP Code (U.S. only)					Country Code (outside U.S. & P.R. only)				

Check here if this is a new address.

DATE OF BIRTH			DAYTIME TELEPHONE NUMBER						LATEST TEST DATE (approximately)				
Month	Day	Year		-		-					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: _____
See your admission ticket for information on how to change score recipients.
- I am requesting only a candidate copy (I do not want my scores reported to any score recipients). Fee for candidate copy is \$50.

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 more information.)

Number of reports _____ × \$50 = \$ _____
 In Canada, add GST/HST and QST to total remittance.
 GST/HST Reg. #131414468 RT \$ _____
 QST Reg. #1087967545 \$ _____
 Add Value Added or similar taxes where applicable.* \$ _____
AMOUNT DUE \$ _____

*See "Fees" section of the *Praxis* website (<https://www.ets.org/praxis/about/fees/>) for information about taxes.

PAYMENT Please make check or money order payable to ETS—Praxis. 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 <i>Praxis</i> 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*® *Information Bulletin*, to the score recipients designated on this form.

Signature _____ Date _____