The Praxis Series®

2015–16 SCORE REVIEW REQUEST

Complete this form to request a review of your constructed-response test score. Your request must be received within three (3) months of the test date. 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. Your score for a specific test will be reviewed only once. (Note: The Score Review Service is not available for selected-response tests because they are scored electronically.)

PLEASE PRINT ALL INFORMATION BELOW. IF YOU ARE REQUESTING A SCORE REVIEW FOR MORE THAN ONE TEST, YOU MUST USE A SEPARATE FORM FOR EACH TEST.

CANDIDATE ID NUMBER

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.

PRESENT ADDRESS: Number and Street (include apartment number)

City

State

ZIP Code (U.S. only)

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

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DAYTIME TELEPHONE NUMBER

Month

Day

Year

TEST DATE

TEST CENTER NO.

TEST CENTER NAME

TEST CENTER LOCATION

Month

Day

Year

AMOUNT DUE

Please indicate the test for which you are requesting the Score Review Service.

TEST NAME

TEST CODE

FEES: Please complete the following:

Score Review Service Fee.............................................. = $65

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.*...... $________

*See “Fees” section of the Praxis 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®

Mail completed form to:

ETS—The Praxis Series
PO Box 6066
Princeton, NJ 08541-6066

Credit/Debit Card Number

Expiration Date

Cardholder’s Signature

Signature

Date