



## 2017-18 TOEFL iBT® REGISTRATION FORM FOR TEST TAKERS WITH DISABILITIES OR HEALTH-RELATED NEEDS

**Test takers requesting testing accommodations:** For information and complete instructions about requesting testing accommodations, go to [www.ets.org/disability](http://www.ets.org/disability).

The *Bulletin Supplement for Test Takers with Disabilities or Health-related Needs* contains procedures and forms for requesting testing accommodations. The *Supplement* should be used together with the information in the *TOEFL iBT Information and Registration Bulletin* and All test takers requesting any accommodations must **register by mail or email through ETS Disability Services** and have their accommodations approved before their test can be scheduled.

Your request should be submitted as early as possible, especially if you are requesting an alternate test format. Documentation review takes approximately 6 weeks once your request and complete paperwork have been received. If additional documentation must be submitted, it can be another 6 weeks from the time the new documents are received until the review is complete. Test takers requesting accommodations cannot register using the online registration system.

**Note:** If you will be **emailing** your accommodations request or prefer to pay online, **do not** enter your credit/debit card information on this form. When your documents are received, an email will be sent to you with instructions about payment.

Print all information clearly. Be sure to enter your name exactly as it is shown on your primary identification document. Use blue or black ink.

Submit this form, together with all your completed forms and documentation requesting accommodations, by mail or email. See details at [www.ets.org/disability](http://www.ets.org/disability).

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If you have previously taken an ETS iBT-delivered test, please indicate your name, test date, date of birth, and registration number below.

Name: \_\_\_\_\_ Test Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Registration Number: \_\_\_\_\_





### TEST LOCATION

Choose 2 test locations in order of preference. Print the city name and country name for each choice. For locations and city codes, see the Test Center and Institution Code list in the Test Takers section of the TOEFL website at [www.ets.org/toefl](http://www.ets.org/toefl).

**\* First Choice City Code:**

City Name: \_\_\_\_\_

Country Name: \_\_\_\_\_

**\* Second Choice City Code:**

City Name: \_\_\_\_\_

Country Name: \_\_\_\_\_

### TEST DATE

Specify 5 test dates in order of preference. For testing dates, see the Test Takers section of the TOEFL website at [www.ets.org/toefl](http://www.ets.org/toefl). Please note that testing start times vary. This form must be received at ETS at least 4 weeks before your earliest test date choice.

MM: Month of the Year    DD: Day of the Month    YY: Year

<b>* First Choice:</b>	MM	DD	YY	<b>Third Choice:</b>	MM	DD	YY	<b>Fifth Choice:</b>	MM	DD	YY
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Second Choice:</b>	MM	DD	YY	<b>Fourth Choice:</b>	MM	DD	YY				
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>				

If your requested test date(s) cannot be accommodated, you will be scheduled for the next available test date unless you check the box below.

Do not reschedule me; please return my payment.

### OFFICIAL SCORE REPORT RECIPIENTS

Using the Test Center and Institution Code list on the TOEFL website at [www.ets.org/toefl](http://www.ets.org/toefl), indicate where you would like your official score reports sent. The Department Code list is also in the *Bulletin*. Enter a department code only if you are applying for graduate study. If you are not applying for graduate study, you must fill in 00 as the department code for each institution or agency you list.

<b>1. Score Report Recipient:</b>	Institution	Department	<b>3. Score Report Recipient:</b>	Institution	Department
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>2. Score Report Recipient:</b>	Institution	Department	<b>4. Score Report Recipient:</b>	Institution	Department
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>



## CONSENT POLICY

Notwithstanding anything to the contrary in any other ETS or ETS affiliate's ("ETS," "we," "us," "our") materials or agreements with you, you consent to the terms and conditions herein by registering for or taking an ETS test, creating an online account or using our Website, providing survey information or requesting one of our services or completing order or payment information. You agree that we have the right to obtain, store (only for as long as necessary), use and transmit your personal information including your full name, home address, email address, phone number, Social Security number, passport number, biometric data such as fingerprints, photographs, audio recordings and video files, your answers to other background information questions, the test you are registering for, test date, payment information, and how you specifically use our Website ("Personal Information").

We use your Personal Information to:

- complete any registration, purchases or other transactions you request online
- improve our products and services, and identify, develop and offer new or expanded products and services
- improve and personalize your experience on the Website
- notify you about updates, products, services and/or special offers from ETS, its affiliates and selected third parties
- ask you to participate in brief surveys or provide other information
- generate aggregate statistical studies and conduct research ourselves or jointly with others related to our products and services and the use of our Website

Based upon your specific relationship(s) with us for a particular product or service, we may use your Personal Information in ways described in more detail in one or more other agreements. Health information is used to evaluate accommodation requests and may be used for research purposes. If used in research, all identifying information will be removed.

Additionally, you consent to the transfer of your Personal Information within and outside of your country of residence and outside of the location where you have taken the test(s).

We disclose your Personal Information to certain third parties with whom we have a direct or indirect business or contract relationship, to provide the products and services you have requested.

You will have the ability to opt out of receiving certain communications from us, including voicemail or email. If you do not opt out immediately, but later decide that you would prefer not to receive email communications from us, please contact that particular testing program through [www.ets.org](http://www.ets.org). Remember, however, that we may still send email or call you in order to provide a product or service that you request.

**Australia requires ETS to provide notification to AU residents. For Australian residents only**, please be informed that if you consent to the overseas disclosure of the information or transfer of your data outside of Australia, ETS and its affiliates will not be required to take reasonable steps to ensure that ETS or its affiliates' use of such data outside of Australia does not breach the Australian Privacy Principles.

By indicating "Accept," you consent to the terms and conditions above and those more fully outlined in the ETS Privacy Policy located at [www.ets.org/legal/privacy](http://www.ets.org/legal/privacy) or attached hereto for paper-based assessments.