2016-17 *GRE*® Additional Score Report Request Form

Use this form to mail or fax your request to ETS. For the fastest service, order online with a credit/debit card in your ETS Account at **www.ets.org/mygre**.

- Before completing this form, view the reportable history of your GRE scores in your ETS Account.
- Complete all information on pages 1-3 of this form, and staple form if mailing to ETS.
- To order more than two Additional Score Reports, copy this form as necessary and include the additional pages with the Additional Score Report Request Form you are mailing or faxing to ETS.
- Your order will be process within 10 business days after it is received at ETS. You will receive a confirmation email when your order has been processed.
- Keep a record of the names and code numbers of designated score recipients. Once a request has been submitted, the request cannot be canceled or changed.

Paying by credit/debit card:		Paying by paper check or money order:
Mail: ETS-GRE P.O. Box 6000 Princeton, NJ 08541-6000 USA	**FAX:** 1-610-290-8975 (credit/debit card only)	**Mail:** ETS-GRE P.O. Box 382013 Pittsburgh, PA 15251-8013 USA

***Required Field**

***ETS ID** (8 characters): Your ETS ID is located on the My GRE home page of your ETS Account.

***First (Given) Name** (as on photo ID document; up to 24 characters):	**Middle Initial**	***Last (Family) Name** (as on photo ID document); up to 32 characters):

***Address Line 1** (up to 32 characters):
Address Line 2 (up to 32 characters):

***City** (up to 25 characters):	***State/Province/ Territory**:	***Postal Code** (up to 9 characters):	***Country Code** (Refer to **www.ets.org/gre/countrycode**):

***Primary Phone** (Include Area Code):	**Alternate Phone** (Include Area Code):

***Date of Birth** (MM-DD-YYYY):	***Gender** (M/F):	**U.S. Social Security Number**:

***Email Address** (up to 45 characters):

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PREVIOUS TEST ADMINISTRATION DETAILS:

For identification purposes, please enter the information from the most recent GRE test you have taken.

Date: (MM-DD-YY)	**Appointment Number** (16 characters)	**Your Full Name at Time of Previous Test (if different)**: (scores under both names will be reported)

SCORE RECIPIENTS:

See institution and department codes at **www.ets.org/gre/bulletinandforms**.

Check code numbers for accuracy because requests are filled on the basis of the code numbers you provide. Print the name of the instituion location and department.

To designate an institution of fellowship sponsor not listed in the institution code list, provide the name and complete mailing address. If the designated score recipient is authorized to receive GRE scores, your request will be honored.

REPORT #1

Institution Code	**Department Code**	**Institution or Fellowship Sponsor**	**Location** (City or Country)	**Department**

Scores to Report (All scores will be reported unless you indicate otherwise.)

General Test:

- ○ **MOST RECENT** scores will be sent
- ○ **ALL scores** will be sent
- ○ **ANY scores** will be sent (On the line below, specify test dates of scores to be sent.)

_____

- ○ **NONE** of your General Test scores will be sent

Subject Test:

- ○ **MOST RECENT** scores will be sent
- ○ **ALL scores** will be sent
- ○ **ANY scores** will be sent (On the line below, specify test dates of scores to be sent.)

_____

- ○ **NONE** of your Subject Test scores will be sent

REPORT #2

Institution Code	**Department Code**	**Institution or Fellowship Sponsor**	**Location** (City or Country)	**Department**

Scores to Report (All scores will be reported unless you indicate otherwise.)

General Test:

- ○ **MOST RECENT** scores will be sent
- ○ **ALL scores** will be sent
- ○ **ANY scores** will be sent (On the line below, specify test dates of scores to be sent.)

_____

- ○ **NONE** of your General Test scores will be sent

Subject Test:

- ○ **MOST RECENT** scores will be sent
- ○ **ALL scores** will be sent
- ○ **ANY scores** will be sent (On the line below, specify test dates of scores to be sent.)

_____

- ○ **NONE** of your Subject Test scores will be sent

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ORDER INFORMATION

DIRECTIONS – Fill in the dollar amounts for all ítems that apply. If sending a paper check or money order, make remittance payable to ETS-GRE. DO NOT SEND CASH. No refunds.

		AMOUNT
Total Order Amount	(US$27* per score report)	$_____
Tax**		$_____
TOTAL AMOUNT ENCLOSED		$_____

*Fees are subject to change without notice.

Add Value Added or similar taxes where applicable (see **www.ets.org/gre/fees).

Type of Credit/Debit Card	Credit/Debit Card Number	Expiration Date (MM/YY)
○ American Express® ○ Discover® ○ JCB® ○ Visa® ○ MasterCard®		

If you send a 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 debited electronically from your account.

By signing this form, I authorize ETS to release my GRE scores, under the conditions set forth in the 2016-17 *GRE Information Bulletin* and on the GRE website, to the score recipients I have designated on this form.

Signature: _____ Date: _____

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