

## ETS® Performance Assessments Score Review Request Form

See the *ETS® Performance Assessments informational website* for more information.

Complete this form to request a review of your performance assessment task score. Your request must be received within three (3) months of the score report 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. Your score for a specific task will be reviewed only once.

**Please print all information below.**

Date: \_\_\_\_\_ ETS Online Account ID: \_\_\_\_\_  
Month Day Year

**Name (print your name as it appears in your online account):**

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_ Country Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Please indicate the performance assessment, task number, and submission information for which you are requesting the Score Review Service.

Assessment Name	Task(s) to be Reviewed	Registration Window (Fall YYYY or Spring YYYY)	Task Submission Window (Original or Resubmission)

**FEES: Please complete the following:**

Total number of tasks for this score review: \_\_\_\_\_ Total Fee (\$100 per task): \_\_\_\_\_

**PAYMENT: Credit card only. All costs are in U.S. dollars.** Orders received without payment, or with incorrect payment information, will be returned unprocessed.

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Name on Credit Card: \_\_\_\_\_

Card Number will be collected over the phone. Expiration Date: \_\_\_\_ / \_\_\_\_

I authorize ETS to charge this account for the Total Fee above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send completed form to ETS by fax or email below:**

**Fax:**  
 (609) 683-2040

**Email:**  
 PPAT Assessment: [ppat@ets.org](mailto:ppat@ets.org)  
 PASL Assessment: [pasl@ets.org](mailto:pasl@ets.org)

