# ADDITIONAL SCORE REPORT REQUEST

ETS PRAXIS

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.

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

**Mail this completed form with your payment to:**

ETS—*Praxis*
Box 382065
Pittsburgh, PA 15251-8065

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)**

Check here if this is a new address. ☐

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

**DATE OF BIRTH** (Month / Day / Year)

**DAYTIME TELEPHONE NUMBER**

**LATEST TEST DATE** (approximately) (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 *Praxis* 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 _____

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