

SCORE REVIEW REQUEST



See the Bulletin or website for more information.

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 | | | | | | DAYTIME TELEPHONE NUMBER | | | | | |
|---------------|--|-----|--|------|--|--------------------------|--|---|--|--|--|
| | | | | | | | | | | | |
| Month | | Day | | Year | | - | | - | | | |

| TEST DATE | | | | TEST CENTER NO. | | | | TEST CENTER NAME | | | | | | | | TEST CENTER LOCATION | | | |
|-----------|--|-----|--|-----------------|--|--|--|------------------|--|--|--|--|--|--|--|----------------------|--|-------|--|
| | | | | | | | | | | | | | | | | City | | State | |
| Month | | Day | | Year | | | | | | | | | | | | | | | |

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.*.....\$ _____

AMOUNT DUE\$ _____

***See "Fees" section of the Praxis website 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 unprocessed.

Payment enclosed American Express® Discover® MasterCard® Visa® JCB®

| | |
|--------------------------|-----------------|
| _____ | _____ |
| Credit/Debit Card Number | Expiration Date |
| _____ | _____ |
| Cardholder's Signature | |
| _____ | _____ |
| Signature | Date |

Mail completed form to:
 ETS—Praxis
 PO Box 6051
 Princeton, NJ 08541-6051