

ADDITIONAL SCORE REPORT REQUEST



Mail this completed form with your payment to:
ETS — School Leadership Series
Box 382065
Pittsburgh, PA 15251-8065

Complete this form to request that your scores be sent to a designated score recipient or to you. Your report will include your highest School Leaders Licensure Assessment, Kentucky Specialty Test of Instructional and Administrative Practices, or School Superintendent Assessment score. 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 7 business days for phone requests and 10 business days for mail or fax requests. When ready, a copy of your score report will automatically be posted to your ETS SLS account. 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 selected when you registered.

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 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)																								
City										State					ZIP Code (U.S. only)					Country Code <small>(outside U.S. & P.R. only)</small>				

Check here if this is a new address.

DATE OF BIRTH			DAYTIME TELEPHONE NUMBER						LATEST TEST DATE <small>(approximately)</small>		
Month	Day	Year							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: _____ . (Follow directions on the ticket correction form attached to your admission ticket to change or delete recipients for an upcoming test.)
- I am requesting only a candidate copy (I do not want my scores reported to any score recipients). Fee for candidate copy is \$50.

FEES (See the website for explanation.)

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 the Fees section (www.ets.org/sls/about/fees) on the SLS website for information about taxes.**

PAYMENT Please make check or money order payable to ETS — The School Leadership Series. Do not send cash or stamps. Orders received without payment or with incorrect payment will be returned.

Payment enclosed American Express® Discover®

MasterCard® Visa® 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 SLS website (https://www.ets.org/s/sls/pdf/attending_inst_recipient_codes.pdf).																
CODE	SCORE RECIPIENT										LOCATION					
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I authorize Educational Testing Service (ETS) to release my scores, under the conditions set forth in the *School Leadership Series Information Bulletin*, to the score recipients designated on this form.

Signature _____ Date _____