SCORE REVIEW REQUEST FORM

See the Bulletin *or website for more information.*

Complete this form to request a review of your School Leaders Licensure Assessment or School Superintendent Assessment score. Your request must be received within 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. The test material and your answers to test questions are not available for disclosure. Your score for a specific test will be reviewed only once.

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.

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

TEST DATE (Month / Day / Year)	TEST CENTER NO.	TEST CENTER NAME	TEST CENTER LOCATION (City / State)

FEES

Please complete the following:

____ 6011 School Leaders Licensure Assessment	$ _____	$ 65
____ 6990 School Leaders Licensure Assessment	$ _____	$ 65
____ 6021 School Superintendent Assessment	$ _____	$ 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" in the About the Test section of the SLS website (www.ets.org/sls/about/fees) 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 unprocessed.

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

Credit/Debit Card Number _____ Expiration Date _____

Cardholder's Signature _____

Signature _____ Date _____

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