



# SCORE REPORT REQUEST FORM

**Mail to:**  
Evaluation Systems  
Pearson  
P.O. Box 660  
Amherst, MA 01004  
**Phone:** (800) 215-0901

## IMPORTANT INFORMATION

- Use this form if you need an additional copy of a score report for your records or if you need to have a copy submitted directly to someone other than yourself (e.g., a state teacher certification/licensing agency, an educator preparation program).
- Please note: Your scores have already been reported to the state through which you registered and to any institution and/or state teacher certification agency that you indicated as a score report recipient when you registered.
- If you request an additional copy for your records, your score report will be posted as a PDF file to your online account, accessible on the program website within 2 to 4 weeks of receipt of your request. You will be sent an email when the score report has been posted to your account, and you will be able to access it for 2 years.
- If you request your score report be sent to someone other than yourself, allow 2 to 4 weeks from receipt of your request for a copy of the requested score report(s) to be delivered. You will automatically receive a copy of your score report, via your account on the program website, when you have a copy of your score report sent to another recipient.

### FEE

Additional score report fee.....\$40 per recipient

Make money order or cashier's check payable to Evaluation Systems. Include the last five digits of your social security number on your payment.

All payments must be in U.S. dollars. Personal checks are not accepted. Do not send cash.

### 1. Name

Last

First

Middle  
Initial

### 2. Address

Post Office Box or Street Address and Apartment Number

City or Town

State

ZIP Code

### 3. Social Security Number

### 4. Customer Number (found in your account on the program website)

### 5. Telephone Numbers

Daytime

Area Code

Evening

Area Code

6. Test(s) for which you need an additional copy of your score report:

Test Date	Test Name
_____	_____
_____	_____
_____	_____

7. Indicate the recipient(s) for your score report(s) below.

- For my own records, I would like an additional copy of my score report for each test listed in #6 above.
- I would like a copy of my score report for each test listed in #6 above delivered to the state teacher certification/ licensing agency for the state(s) indicated below. (Select each state to which you are requesting your score[s] be delivered. You will automatically receive a copy of each score report when you select another recipient.)

Arkansas     Mississippi     New Hampshire     North Carolina     Wisconsin

To send your score report to Massachusetts or Connecticut, please visit [www.mtel.nesinc.com](http://www.mtel.nesinc.com) or [www.ct.nesinc.com](http://www.ct.nesinc.com) and use the form provided on that website.

- I would like a copy of my score report for each test listed in #6 above delivered to the agency or institution listed below. (If you do not provide complete and correct information, your scores may not be received and recorded by the receiving agency or institution.)

Name: \_\_\_\_\_

Office/Department: \_\_\_\_\_

Agency or Institution: \_\_\_\_\_

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

\_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

**NOTE: It is your responsibility to verify that your score report(s) were received and properly recorded by the state agency to which you requested they be sent.**

8. The fee for additional copies of your score reports is \$40 per recipient. (You will automatically receive a copy of each score report in your account accessed through the program website, when you select another recipient.) Enclose a money order or cashier's check for the appropriate amount payable to Evaluation Systems. Do not send cash.

Number of recipients\* \_\_\_\_\_ x \$40 = \_\_\_\_\_ (Total Enclosed)

\*NOTE: Do not count yourself as a recipient unless you are ordering additional score reports only for yourself.

9. I certify that I am the person making this request and whose name and address appear on this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IF THIS FORM IS NOT SIGNED, IS MISSING INFORMATION, OR IS NOT ACCOMPANIED BY THE APPROPRIATE PAYMENT, IT WILL BE RETURNED TO YOU UNPROCESSED.**