

7. **Test(s)** for which you are requesting a refund and wish to **withdraw** from your registration (see “Test Selection for Paper-Based Testing” for the correct test code[s]):

Test Code Test Name _____

Test Code Test Name _____

Test Code Test Name _____

Test Code Test Name _____

8. I understand that this Withdrawal/Refund Request Form for Paper-Based Testing must be **received** by Evaluation Systems by the late registration deadline for the test date for which I am registered in order for me to receive a refund according to the guidelines presented on this form. I certify that I am the person whose name and address appear on this form.

Signature

Date

THIS FORM WILL BE RETURNED TO YOU UNPROCESSED IF IT IS NOT RECEIVED BY THE LATE REGISTRATION DEADLINE FOR THE TEST DATE INDICATED IN SECTION 6 OR IF IT IS NOT SIGNED.