WITHDRAWAL/REFUND REQUEST FORM

FOR COMPUTER-BASED TESTING

Mail to: **Illinois Certification Testing System**
Evaluation Systems
Pearson
P.O. Box 660
Amherst, MA 01004-9000

Fax number: (413) 256-7086

Completion of this form signifies that you are withdrawing your registration for ICTS Basic Skills computer-based testing. In order to withdraw your registration and receive a refund, you must complete the following steps:

1. If you have already scheduled your test appointment, you must first cancel your test appointment on the Pearson VUE Web site at **www.pearsonvue.com/icts**. The deadline for canceling your test appointment is one business day (24 hours) before your scheduled testing time.
2. Complete this form and then mail or fax it to Evaluation Systems. Your refund will be issued by Evaluation Systems within four weeks of the receipt of your request.
   - ❖ You will receive a full refund of the $60 test fee.
   - ❖ You will receive a full refund of the $84 computer-based testing fee.
   - ❖ The $26 registration processing fee will not be refunded.

1. Name

Last | First | Middle Initial

2. Address ☐ Check here if address is different from address on original registration.

P.O. Box or Street Address

City or Town | State | ZIP Code

3. Social Security Number

4. Date of Birth

Month Day Year

5. Telephone Numbers

Daytime — Area Code

Evening — Area Code

6. I understand that in order for me to receive a partial refund according to the guidelines presented on this form, I must have canceled my test appointment, if I scheduled one, on the Pearson VUE Web site at least 24 hours in advance of the test appointment. I certify that I am the person whose name and address appear on this form.

Signature _____ Date _____

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