TEST RESULTS REQUEST FORM

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

- This service is provided for individual examinees only. Requests to provide or send score information to anyone other than the examinee will not be honored.
- Additional copies of test results may be requested up to ten years after the test date. Allow two to four weeks from the receipt of the request for delivery.

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. Test date: Fill in the month and year of the test date(s) for which you are requesting an additional copy of your test results.

A. Month _____ Year _____ B. Month _____ Year _____ C. Month _____ Year _____

7. Test(s) for which you require a copy of your test results (see "Test Selection" for the correct test code[s]):

A. Test Code	Test Name	B. Test Code	Test Name	C. Test Code	Test Name

8. The fee for an additional copy of your test results is $10 per copy for each test date. Please enclose a personal check, cashier's check, or money order for the appropriate amount, payable to **Evaluation Systems**. Do not send cash.

INDICATE THE AMOUNT ENCLOSED: $

9. 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 SIGNED OR IS NOT ACCOMPANIED BY THE APPROPRIATE PAYMENT.

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