



# TEST RESULTS REQUEST FORM

**Mail to:** GACE Program  
Evaluation Systems  
Pearson  
P.O. Box 660  
Amherst, MA 01004-9002

- Evaluation Systems will continue to provide this service until July 31, 2024.
- 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.
- Payment must be made by cashier's check or money order only. Allow two to four weeks from the receipt of the request for delivery.

**1. Name**

Last											First					<input type="checkbox"/>
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**

X	X	X	X							
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**4. Customer Number**

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Found in examinee's account at [www.gace.nesinc.com](http://www.gace.nesinc.com)

**Payable by  
Money Order  
or Cashier's  
Check Only**

**5. Telephone Numbers** Daytime

Area Code			Daytime						
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Evening

Area Code			Evening						
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**6. Test date:** Indicate 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 "GACE Assessment Names and Test Codes" for the correct test code[s]):

A. Test Code	Test Name	B. Test Code	Test Name	C. Test Code	Test Name
<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____
<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____
<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____
<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____
<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____

8. The fee for an additional copy of your test results is \$40 per copy. Each copy includes results for all tests taken at one paper-based test administration or during one computer-based testing window. Please enclose a cashier's check or money order for the appropriate amount, payable to **Evaluation Systems**. Do not send cash or a personal check.

INDICATE THE AMOUNT ENCLOSED: \$

**Payable by  
Money Order  
or Cashier's  
Check Only**

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.