



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.
- Within 2 to 4 weeks of receipt of your request, your score report will be posted as a PDF file to your account, accessible at www.gace.nesinc.com. 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.

1. Name

		<input type="checkbox"/>
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

X	X	X	X						
---	---	---	---	--	--	--	--	--	--

4. Customer Number

--	--	--	--	--	--	--	--	--	--

Found in examinee's account at www.gace.nesinc.com

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

5. Telephone Numbers Daytime

Area Code									

Evening

Area Code									

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
	_____		_____		_____
	_____		_____		_____
	_____		_____		_____
	_____		_____		_____
	_____		_____		_____

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.