



# TEST RESULTS REQUEST FORM

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

- 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 five years after the test date. Allow two to four weeks from the receipt of the request for delivery.

### 1. Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last	First	Middle Initial

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

<input type="text"/>		
P.O. Box or Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City or Town	State	ZIP Code

### 3. Social Security Number

### 4. Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

### 5. Telephone Numbers Daytime

<input type="text"/>	<input type="text"/>
Area Code	

### Evening

<input type="text"/>	<input type="text"/>
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 "Test Selection" 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 \$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.