

# TEST RESULTS REQUEST FORM

Mail to: PLACE  
Evaluation Systems  
Pearson  
P.O. Box 660  
Amherst, MA 01004-9009



## IMPORTANT INFORMATION

- ▶ Use this form if you need an additional copy of your test results.
- ▶ Copies will be available up to five years after the test date.

### FEE

The fee for an additional copy of your test results is \$15 per copy for each test date.

Make money order or cashier's check payable to Evaluation Systems. Payments must be in U.S. dollars. Write the last five digits of your social security number on your payment.

PERSONAL CHECKS ARE NOT ACCEPTED; DO NOT SEND CASH.

### 1. Name

Last

First

Middle  
Initial

### 2. Address

Check here if this address is different from the one on your registration.

P.O. Box or Street Address

City or Town

State

ZIP Code

### 3. Social Security Number

### 4. Customer Number (found in your account at [www.place.nesinc.com](http://www.place.nesinc.com))

### 5. Telephone Numbers

Daytime

Evening

Area Code

Area Code

Payable by  
Money Order  
or  
Cashier's Check  
Only

**6. Test Dates:**

Fill in the month and year of each test date for which you are requesting a copy of your test results. Under each test date, list the test(s) taken at that administration (see "Test Selection").

A. Month _____ Year _____ Tests Taken <input type="text"/> <input type="text"/> _____ Code Test <input type="text"/> <input type="text"/> _____ Code Test	B. Month _____ Year _____ Tests Taken <input type="text"/> <input type="text"/> _____ Code Test <input type="text"/> <input type="text"/> _____ Code Test	C. Month _____ Year _____ Tests Taken <input type="text"/> <input type="text"/> _____ Code Test <input type="text"/> <input type="text"/> _____ Code Test
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**7. Test Results Request Mailing Address:**

If you want to send the copy of your test results to an address other than your own (e.g., to your educator preparation institution), fill in the complete address on the lines below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8.** The fee for an additional copy of your test results is **\$15 per copy for each test date**. Please enclose a money order or cashier's check for the appropriate amount payable in U.S. dollars to Evaluation Systems. Personal checks are not accepted; 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

**IF THIS FORM IS NOT SIGNED OR IS NOT ACCOMPANIED BY THE CORRECT PAYMENT, IT WILL BE RETURNED TO YOU UNPROCESSED.**

Allow two to four weeks from receipt of your request for delivery of the additional copy of your test results.

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