



EXAMINEE SCORE REPORT REPRINT REQUEST FORM

NOTE: Tests taken prior to September 2003 are called Texas Academic Skills Program (TASP) Tests.

**Mail to: THEA Program
Evaluation Systems
Pearson
P.O. Box 340880
Sacramento, CA 95834-0880**

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

Use this form to request a reprint of your score report. The score report will contain your total test score and your passing status. This service will be available through December 2017. Your reprinted score report will be sent to the address on your original registration form unless you check the box below indicating a change of address. This score report is in addition to the one you automatically receive after the test date. Examinee score report reprints are available beginning four weeks after the test date.

If you mail your request by an express mail service, please use this address:

1224 N. Market Blvd.
Sacramento, CA 95834
(413) 256-2890

1. Social Security Number:

X	X	X	X	X							
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2. Name:

Last												First				Middle Initial	
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3. Address: Check here if address is different from address on original registration.

Post Office Box or Street Address and Apartment Number (Emergency requests cannot be delivered to post office boxes.)																							
City or Town												State		ZIP Code									

4. Telephone Numbers:

Area Code				Daytime				Area Code				Evening			
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5. Test Date: Indicate the test date for which you are requesting a score report reprint. If you do not know the date or you have taken the test more than once, please leave this section blank.

Month		Year	
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6. Payment:

Schedule for Release	Number of Reports	Fee	Payment Type	Payment
Standard*—2 weeks	one	x \$12	Money Order or Cashier's Check Only	= \$ _____
Emergency*—2 business days	one	x \$25	Money Order or Cashier's Check Only	= \$ _____

* The delivery schedule refers to processing time required at Evaluation Systems. Reports for emergency delivery will be sent by express mail service. See "Score Report Reprints" for more information.

Please enclose a money order or cashier's check for the total amount payable to Evaluation Systems. Please include the last five digits of your social security number on the money order or cashier's check. **Personal checks will not be accepted;** do not send cash.

7. 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 ACCOMPANIED BY THE CORRECT PAYMENT.