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

Payable by Money Order or Cashier’s Check Only

1. Social Security Number: 

2. Name: 

   Last               First               Middle

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: 

   Daytime                      Evening

   Area Code                   Area Code

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

6. Payment:

<table>
<thead>
<tr>
<th>Schedule for Release</th>
<th>Number of Reports</th>
<th>Fee</th>
<th>Payment Type</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard*—2 weeks</td>
<td>one</td>
<td>× $12</td>
<td>Money Order or Cashier’s Check Only</td>
<td>$__________</td>
</tr>
<tr>
<td>Emergency*—2 business days</td>
<td>one</td>
<td>× $25</td>
<td>Money Order or Cashier’s Check Only</td>
<td>$__________</td>
</tr>
</tbody>
</table>

* 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.