



**7. Payment:** PLEASE NOTE THAT THE FEES INDICATED BELOW ARE FOR **EACH INSTITUTION**.

Schedule for Release	Number of Reports (up to 3 institutions)	Fee	Payment Type	Payment
Standard*—2 weeks		x \$12	Money Order or Cashier's Check Only	= \$ _____
Emergency*—2 business days		x \$25	Money Order or Cashier's Check Only	= \$ _____

\* The delivery schedule refers to processing time required at Evaluation Systems. 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.

**8.** 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.**

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