



TEST RESULTS REQUEST FORM

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

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

IMPORTANT INFORMATION

- Use this form if you need an additional copy of your test results sent to the Texas Education Agency (TEA) or an institution other than your testing location.

FEE

Additional score report fee.....\$15 per copy

Make money order or cashier's check payable to Evaluation Systems. Payments must be in U.S. dollars. Write the last four 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 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	

3. Social Security Number:

X	X	X	X	X	X	X	X	X	X
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4. Telephone Numbers:

Daytime	Evening
Area Code	Area Code

5. Email used to register for THEA IBT: _____

6. Test Dates:
Fill in the month and year of your test date.

A. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	B. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	C. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>
Month Year	Month Year	Month Year

7A. Check here if you would like your test results sent to an institution other than your testing location. Please provide complete name and address below.

7B. Check here if you would like your test results sent to the Texas Education Agency (TEA).

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

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Indicate the amount enclosed: \$ _____

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.

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