

SCORE REPORT REQUEST FORM

Mail to: Evaluation Systems

Pearson P.O. Box 660 Amherst, MA 01004

Phone: (800) 778-5315

IMPORTANT INFORMATION

- · Use this form if you need an additional copy of a NES score report for your records or if you need to have your scores reported directly to someone other than yourself (e.g., a state teacher certification/licensing agency, an educator preparation program).
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•	account, accessible at the program website within 2 to 4 weeks of receipt of your request. You will be sent an email										
•	when the score report has been posted to your account, and you will be able to access it for two years. If you request your test results be sent to a state teacher certification/licensing agency, or an educator preparation program, allow 2 to 4 weeks from receipt of your request for your score results to be delivered. You will automatically receive a copy of your score report, via your account at the program website, when you have your scores reported to another recipient										
	FEE										
	Additional score report fee\$40 per recipient										
	Make money order or cashier's check payable to Evaluation Systems. Include the last five digits of your social security number on your payment. All payments must be in U.S. dollars. Personal checks are not accepted. Do not send cash.										
1.	Name										
	Last First Middle										
2.	Address										
	Post Office Box or Street Address and Apartment Number										
	City or Town State ZIP Code										
3.	Social Security Number										
4.	Customer Number (found in your account at the program website)										
5.	Telephone Numbers Daytime Evening										
	And Code										
	Area Code Area Code										
6.	NES test(s) for which you are requesting a score report:										
	Test Date Test Name										

7.	7. Indicate the recipient(s) for your score report(s) below.										
 For my own records, I would like an additional copy of my score report for each test listed in #6 above. I would like my score results for each test listed in #6 above reported to the state teacher certification/lic agency for the state(s) indicated below. (Select each state to which you are requesting your score[s] be 										ove.	
		☐ Arizona	□California	□Illinois	□Missouri	□New Mex	ico □Or	egon	□Tennessee	□Washington	
☐ I would like my score results for each test listed in #6 above reported to the institution listed below. This for approved institutions in Arizona, New Mexico, Oregon, Tennessee, and Washington only. If you sele institution not approved to receive results, your form and payment will be returned to you. Institution Name:											
	Ins	titution State:	: □Arizona	□New Me	exico 🗆 O	regon □Te	ennessee	□Washington			
 NOTE: It is your responsibility to verify that your score report(s) were received and properly recorded by the state agency to which you requested they be sent. 8. The fee for additional copies of your score reports is \$40 per recipient. (You will automatically receive a copy of each score report when you select another recipient.) Enclose a money order or cashier's check for the appropriate amount payable to Evaluation Systems. Do not send cash. 											
1	Num	ber of recipie	ents*	x \$40 =	(Total Enclose	d)				
	NOTE: Do not count yourself as a recipient unless you are ordering additional score reports only for yourself.										
9. I certify that I am the person making this request and whose name and address appear on this form.											
Signature Date											

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