WEST WASHINGTON EDUCATOR SKILLS TESTS

SCORE REPORT REQUEST FORM

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

IMPORTANT INFORMATION

- Use this form if you need an additional copy of your WEST score report.
- Your score report will be posted as a PDF file to your online account, accessible at the program website within one week 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 someone other than yourself, allow 2 to 4 weeks from receipt of your request for a copy of the requested score report(s) to be delivered.
- The fee for an additional copy of your score report is \$10 per copy. Payment must be made by cashier's check or money order payable in U.S. dollars to Evaluation Systems. Include the last five digits of your social security number on your payment. PERSONAL CHECKS WILL NOT BE ACCEPTED; DO NOT SEND CASH.

1. The additional copy of my score report is to be posted/sent to:

□ your online account

 \Box the address listed in #9

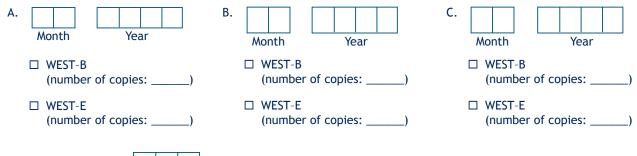
| 2. | Social Security Number | 3. | 3. Customer N | | | | | | nd i | n yo | ur account at www.west.nesinc.com) | |
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4. Name \Box Check here if this name is different from the one on your original registration.

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7. Test(s) for which you require a copy of your score report:

Fill in the month and year of each test date for which you are requesting copies of your score report. Under each test date, indicate whether you are requesting copies of results for the WEST-B® and/or WEST-E[™]. Note that because WEST-B score reports include your cumulative WEST-B status, you need only request an additional copy of your results for your most recent attempt on the WEST-B.



8. Total Fee Enclosed \$

(\$10 per copy of WEST-B or WEST-E per test date)

9. Additional Copy of Score Report Mailing Address:

If you want your scores sent to elsewhere (e.g., to an educator preparation institution), fill in the complete address (including the contact person's name and department, if applicable) on the lines below.

| 10. I certify that I am the person whose name and | address appear on this form. | |
|---|------------------------------|--|
| Signature | Date | |

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

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