



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
 the address listed in #9

2. Social Security Number

X	X	X	X	X					
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3. Customer Number (found in your account at www.west.nesinc.com)

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4. Name Check here if this name is different from the one on your original registration.

Last															First							Middle Initial			

5. Address

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P.O. Box or Street Address

City or Town																State	ZIP Code						

6. Telephone Numbers

										Daytime																Evening					
Area Code										Area Code																					

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.

A.	[][] Month	[][][][] Year	B.	[][] Month	[][][][] Year	C.	[][] Month	[][][][] Year
	<input type="checkbox"/> WEST-B (number of copies: _____)			<input type="checkbox"/> WEST-B (number of copies: _____)			<input type="checkbox"/> WEST-B (number of copies: _____)	
	<input type="checkbox"/> WEST-E (number of copies: _____)			<input type="checkbox"/> WEST-E (number of copies: _____)			<input type="checkbox"/> WEST-E (number of copies: _____)	

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.