



TEST RESULTS REQUEST FORM

Mail to: WEST Program
Evaluation Systems
Pearson
P.O. Box 340460
Sacramento, CA 95834-0460

IMPORTANT INFORMATION

- Use this form if you need an additional copy of your WEST test results.
Additional copies will be available for ten years after the test date.
Your additional copy will be sent to the address on your original registration unless you indicate a different address below.
Allow up to two weeks from receipt of your request for delivery of your additional copy.
The fee for an additional copy of your test results 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 test results is to be sent to:

- the address listed in #5
the address listed in #9

2. Social Security Number

Grid for Social Security Number

3. Date of Birth

Grid for Date of Birth

Month Day Year

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

Grid for Last Name

Last

Grid for First Name

First

Grid for Middle Initial

Middle Initial

5. Address [] Check here if this address is different from the one on your original registration.

Grid for P.O. Box or Street Address

P.O. Box or Street Address

Grid for City or Town

City or Town

Grid for State

State

Grid for ZIP Code

ZIP Code

6. Telephone Numbers

Grid for Daytime Telephone Number

Area Code

Daytime

Grid for Evening Telephone Number

Area Code

Evening

7. Test(s) for which you require a copy of your test results:

Fill in the month and year of each test date for which you are requesting copies of your test results. 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.

<p>A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Month Year</p> <p><input type="checkbox"/> WEST-B (number of copies: _____)</p> <p><input type="checkbox"/> WEST-E (number of copies: _____)</p>	<p>B. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Month Year</p> <p><input type="checkbox"/> WEST-B (number of copies: _____)</p> <p><input type="checkbox"/> WEST-E (number of copies: _____)</p>	<p>C. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Month Year</p> <p><input type="checkbox"/> WEST-B (number of copies: _____)</p> <p><input type="checkbox"/> WEST-E (number of copies: _____)</p>
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8. Total Fee Enclosed \$

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

9. Additional Copy of Test Results Mailing Address:

If you want your scores sent to a state-approved educator preparation program in Washington, indicate the institution(s) to receive your scores (see “Institution Codes”).

Institution Code	Institution Name
1. <input type="text"/> <input type="text"/> <input type="text"/>	_____
2. <input type="text"/> <input type="text"/> <input type="text"/>	_____
3. <input type="text"/> <input type="text"/> <input type="text"/>	_____

If you want your scores sent elsewhere (e.g., to an out-of-state 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.