APPLICATION FOR THE ISSUE OF ADDITIONAL TEST REPORT FORM (TRF)

Last Name: ___________________________  First Name: ___________________________

Candidate’s mailing address: __________________________________________________________

__________________________________________  ____________________________________________
(City)  (State)  (Zip-code)

Phone number: _______________________,  E-mail address: ________________________________

Candidates will receive only one copy of their Test Report Form (TRF). This is a very valuable document and it is recommended that candidates take due care in keeping their TRF secure. It cannot be replaced - NO EXCEPTIONS – please do not send your own test report to the institutions. You will not be provided with another report. Other copies are mailed directly from the testing center to the institutions of candidate’s choice. Our center’s current policy is that five copies to the institutions are free within 30 days of your test date. If you need more copies to be sent to the institutions, they are $10 each.

Test Details:

Test Date: _____/_____/_______ (day/month/year)

Candidate number (6 digits): __________________

Please give details below of where you would like your results sent to:

Name of Person/Department: ________________________________________________________

Name of College/University/Organization: ____________________________________________

Address: ______________________________________________________________________

______________________________________________________________________________

Name of Person/Department: ________________________________________________________

Name of College/University/Organization: ____________________________________________

Address: ______________________________________________________________________

______________________________________________________________________________

Name of Person/Department: ________________________________________________________

Name of College/University/Organization: ____________________________________________

Address: ______________________________________________________________________

______________________________________________________________________________

Payment details:

Type of card: ______American Express ______Visa ______Master Card ______Discover

Credit card number: ________________________________________________________________

Expiration Date: ____________________________

Name as it appears on the card: ______________________________________________________

Signature: ____________________________  Date: _____/_____/_____(day/month/year)