ADDITIONAL SCORE REPORT REQUEST

ETS PRAXIS

Use this form to request that your *Praxis*® scores be sent to a designated score recipient or to yourself. Your report will include your highest score for each test taken over the last 10 years. Complete and mail this form with a remittance of $50 for each report requested. ETS will honor a telephone or faxed request to send your scores to a recipient. Additional score reports are issued within five calendar days for phone requests and seven business days for U.S. mail or fax requests. If you request that your score report be sent to a designated score recipient, you will automatically receive a score report through your online *Praxis* account confirming that your scores were sent as requested. Scores for a specific test will be sent to a recipient only if that recipient is eligible to receive those scores.

You may not use this form to delete or substitute score recipients previously selected during registration.

Mail this completed form with your payment to:

ETS—*Praxis*
Box 382065
Pittsburgh, PA 15251-8065

PLEASE PRINT ALL INFORMATION BELOW.

CANDIDATE ID NUMBER (if available)

NAME: Print your last name, first name, and middle initial exactly as you did when you last tested.

Last Name – first 15 letters | First Name – first 10 letters | M.I.

NAME AT TIME OF EARLIER TEST, IF DIFFERENT

PRESENT ADDRESS: Number and Street (include apartment number)

Check here if this is a new address. ☐

City | State | ZIP Code (U.S. *only*) | Country Code (outside U.S. & P.R. only)

DATE OF BIRTH (Month / Day / Year)

DAYTIME TELEPHONE NUMBER

LATEST TEST DATE (approximately) (Month / Day / Year)

Please check box, if applicable:

☐ I recently tested and I want my request held until scores for that administration are available. Indicate test date: _____.

☐ I am requesting only a test taker score report (I do not want my scores reported to any score recipients). Fee for test taker score report is $50.

NOTE: Public and county schools are generally **not** score recipients. Please check the Recipient Code List on the *Praxis* website before entering information below.

FEES (See the website for more information.)

Number of reports _____ × $50 = $_____
In Canada, add GST/HST and QST to total remittance.
GST/HST Reg. #131414468 RT ..... $_____
QST Reg. #1087967545 ..... $_____
Add Value Added or similar taxes where applicable.* ..... $_____
AMOUNT DUE ..... **$_____**

***See "Fees" section of the *Praxis* website (https://www.ets.org/praxis/about/fees/) for information about taxes.**

PAYMENT Please make check or money order payable to ETS—*Praxis*. Do not send cash.

Orders received without payment or with incorrect payment will be returned.

☐ Payment enclosed ☐ American Express® ☐ Visa®
☐ Discover® ☐ MasterCard® ☐ JCB®

_____
Credit/Debit Card Number Expiration Date

_____
Cardholder's Signature

PLEASE PRINT SCORE RECIPIENT INFORMATION BELOW.
(Use the Attending Institution/Recipient Code List on the *Praxis* website.)

CODE	SCORE RECIPIENT	LOCATION
R		
R		
R		
R		

I authorize Educational Testing Service (ETS) to release my scores, under the conditions set forth in the *Praxis*® *Information Bulletin*, to the score recipients designated on this form.

Signature _____ Date _____

Copyright © 2020 by Educational Testing Service. All rights reserved. ETS, the ETS logo, and PRAXIS are registered trademarks of Educational Testing Service in the United States and other countries. Other products, services, and brand names mentioned herein may be trademarks of their respective owners.

142289-035843 • UNLWEB720