



GRE® Score Review Request Form

You can request a score review of the Analytical Writing measure of the GRE® General Test or your GRE® Subject Test online in your ETS Account at www.ets.org/mygre. Use this form ONLY if you are paying with a paper check or money order.

- Complete this form and mail it with payment to ETS. Make remittance payable to ETS-GRE. DO NOT SEND CASH. No refunds.
- Requests for score review will be accepted up to 90 days after your test administration.
- Allow one to three weeks for the results of the review to be emailed to you.
- Note that during the review process your GRE scores will be placed on hold; you will not be able to report your scores to designated score recipients until the review process is completed. If the score review process results in a higher or lower score, the new scores(s) will be reported and your fee will be refunded.

Mail completed form to: ETS-GRE
 Box 382013
 Pittsburgh, PA 15251-8013 USA

***Required Field**

*ETS ID (8 characters): Your ETS ID is located on the My GRE home page of your ETS Account.	Test Date (MM-DD-YYYY)

*First (Given) Name (as on photo ID document; up to 24 characters):	Middle Initial	*Last (Family) Name (as on photo ID document; up to 32 characters):

*Address Line 1 (up to 32 characters):
Address Line 2 (up to 32 characters):

*City (up to 25 characters):	*State/Province/Territory:	*Postal Code (up to 9 characters):	*Country Code (Refer to www.ets.org/gre/countrycode):

*Primary Phone (include Area Code):	*Date of Birth (MM-DD-YYYY):

*Email Address (up to 45 characters):

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ORDER INFORMATION

DIRECTIONS: Fill in the dollar amounts for all items that apply. Make remittance payable to ETS-GRE. DO NOT SENT CASH.

Fees and terms relating to fees and payment are available at www.ets.org/gre/fees.

AMOUNT

GRE General Test:

Analytical Writing Measure US\$60 \$ _____

GRE Subject Test. US\$50 \$ _____

(specify name of Subject Test) _____

Subtotal \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

If you send a check to us, you authorize ETS to convert the check into an electronic fund transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment and you will no longer receive a canceled check. If you do not have sufficient funds in your account, an additional service fee of US\$20 will be added to your account.

Signature: _____ Date: _____