

Request for Score Report

Date of Request _____

Examinee name: _____

Texas State ID# (or ID# used on exam) _____ Date of Birth _____

Email Address: _____

Phone # _____ Name of exam for which score is requested _____

Date of Exam (or best estimate) _____

Method of delivery:

- Email \$5 per score report
- Fax \$5 per score report
- US mail \$5 per score report (domestic mail, additional charges may apply for international deliveries)
- Overnight (Federal Express) \$20 per score report (within 48 contiguous states of U.S., additional charges may apply for international deliveries)

Recipient Institution: _____

Office/Department: _____

Attention to individual: _____

Email address: _____

Fax # _____

Mailing Address: _____

Examinee Signature _____ Date _____