



TEST RESULTS REQUEST FORM

Mail to: Illinois Licensure Testing System
 Evaluation Systems
 Pearson
 P.O. Box 660
 Amherst, MA 01004-9000

- ❖ This service is provided for individual examinees only. Requests to provide or send score information to anyone other than the examinee will not be honored.
- ❖ Your score report will be posted as a PDF file to your online account, accessible at the program website within 2 to 4 weeks of receipt of your request. You will be sent an email when the score report has been posted to your account, and you will be able to access it for 2 years.

1. Name

Last	First	Middle Initial

2. Address Check here if address is different from address on original registration.

P.O. Box or Street Address											
City or Town									State		ZIP Code

3. Social Security Number

X	X	X	X				
---	---	---	---	--	--	--	--

4. Customer Number (found in your account at www.il.nesinc.com)

--	--	--	--	--	--	--	--

5. Telephone Numbers Daytime

Area Code							

Evening

Area Code							

6. Test date: Fill in the month and year of the test date(s) for which you are requesting an additional copy of your test results.

A. Month _____ Year _____ B. Month _____ Year _____ C. Month _____ Year _____

7. Test(s) for which you require a copy of your test results (see "Test Selection" for the correct test code[s]):

A. Test Code	Test Name	B. Test Code	Test Name	C. Test Code	Test Name
[][][]	_____	[][][]	_____	[][][]	_____
[][][]	_____	[][][]	_____	[][][]	_____
[][][]	_____	[][][]	_____	[][][]	_____
[][][]	_____	[][][]	_____	[][][]	_____

8. The fee for an additional copy of your test results is \$10 per copy. Each copy includes results for all tests taken on one paper-based test date or during one computer-based testing window. Please enclose a personal check, cashier's check, or money order for the appropriate amount, payable to **Evaluation Systems. Do not send cash.**

INDICATE THE AMOUNT ENCLOSED: \$ [][]

9. I certify that I am the person whose name and address appear on this form.

Signature	Date
-----------	------

THIS FORM WILL BE RETURNED TO YOU UNPROCESSED IF IT IS NOT SIGNED OR IS NOT ACCOMPANIED BY THE APPROPRIATE PAYMENT.