HISTORICAL SCORE RECORD REQUEST

ETS PRAXIS

Use this form to request that your ParaPro score from a test taken more than 10 years ago, but not before December, 1, 2012, be sent to a designated score recipient or to yourself. Your Historical Score Record will include your highest score from all tests taken since December 1, 2012. 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 score to a recipient. Historical Score Records 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 record be sent to a designated score recipient, you will automatically receive a score record by mail confirming that your score was sent as requested. Scores for the ParaPro 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.

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

FEES (See the website for more information.)

Number of records _____ × $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 ParaPro Bulletin (https://www.ets.org/pdfs/parapro/parapro-information-bulletin.pdf) for information about taxes.**

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 **Score Recipient Code List** on the ParaPro website.)

CODE	SCORE RECIPIENT	LOCATION

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

Signature _____ Date _____

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