



# Withdrawal/ Refund Request Form

**Mail to:**

**NYSTCE  
Evaluation Systems  
Pearson  
P.O. Box 660  
Amherst, MA 01004-9008  
Fax number: 1-413-256-7088**

**IMPORTANT INFORMATION**

- Use this form if you have already registered for the NYSTCE® and wish to withdraw from one test or withdraw your registration entirely.
- For tests other than the ATS-P (video), you may also withdraw and submit a refund request on the Internet at [www.nystce.nesinc.com](http://www.nystce.nesinc.com). See "Changing Your Registration."
- In order for you to receive a partial refund for tests other than the ATS-P (video), your Withdrawal/Refund Request Form **must be received by the late registration deadline** (see "Test Dates").
- For all tests except the ATAS and the ATS-P (video), you will receive a refund of \$40 per test withdrawn.
- For the ATAS, you will receive a refund of \$15.
- For the ATS-P (video), you will receive a refund of \$85 only if your request is received by June 11, 2010, and before you have submitted your video recording and/or related documentation.

**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**

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**4. Daytime Telephone Number**

|           |  |  |  |  |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|--|--|--|--|
|           |  |  |  |  |  |  |  |  |  |  |
| Area Code |  |  |  |  |  |  |  |  |  |  |

**5. Test date** for which you are registered (check one). For ATS-P (video), leave blank.

|  |  |
|--|--|
| <input type="checkbox"/> August 29, 2009   | <input type="checkbox"/> February 20, 2010 |
| <input type="checkbox"/> October 17, 2009  | <input type="checkbox"/> April 10, 2010    |
| <input type="checkbox"/> December 12, 2009 | <input type="checkbox"/> June 12, 2010     |
|  | <input type="checkbox"/> July 17, 2010     |

**6. Test(s)** from which you would like to withdraw (see "Test Selection" for test codes):

|   |   |  |
|---|---|--|
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input type="checkbox"/> ATS-P (video) |
| Test Code                                 | Test                                      |  |

Check the box if you are withdrawing from the ATS-P (video).

7. I have read the 2009–2010 NYSTCE® Registration Bulletin, including the Rules of Test Participation (or the Rules for ATS-P Participation), and I understand these rules and agree to be bound by their terms. I understand that for all tests except the ATS-P (video), this form must be **received** by 5:00 p.m. eastern time on the late registration deadline of the test date for which I had originally registered in order for me to receive a partial refund according to the guidelines presented on this form. For the ATS-P (video), I understand that this form must be **received** by the final submission deadline of the program year (June 11, 2010) and before I have sent in my video recording and/or related documentation. I certify that I am the person whose name and address appear on this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date