



School Leadership Assessments

Test Results Request Form

Mail to:

NYSTCE
Evaluation Systems
Pearson
P.O. Box 660
Amherst, MA 01004-9008

IMPORTANT INFORMATION

- Use this form if you need an additional copy of your NYSTCE test results for your personal records.
Reprints will be available for up to three years after the test date.
Allow two to four weeks from receipt of request for delivery.

FEES

Additional copy of test results (per copy).....\$15

Make cashier's check or money order payable to Evaluation Systems in U.S. dollars. DO NOT SEND A PERSONAL CHECK OR CASH

1. Name

Form for Name with boxes for Last, First, and Middle Initial

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

Form for Address with boxes for P.O. Box or Street Address, City or Town, State, and ZIP Code

3. Social Security Number

Form for Social Security Number

4. Date of Birth

Form for Date of Birth with labels for Month, Day, and Year

5. Daytime Telephone Number

Form for Daytime Telephone Number with label for Area Code

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

Form for Test date with options A, B, and C, each with boxes for Month, Day, and Year

7. Test(s) for which you require an additional copy of your test results for each test date (see "Test Selection" for test codes):

Form for Test(s) with columns for Test Code and Test Name, repeated for A, B, and C

8. The fee for an additional copy of your test results is \$15 per copy for one test date (regardless of the number of tests taken on that date). See "Fees" at top of form. Do not send a personal check or cash.

Total payment enclosed: \$ [] []

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

Signature

Date

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

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