



New York State Teacher Certification Examinations™

Test Results Request Form

Mail to:

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

FEES

\$20 per test date (per copy)
\$20 for ATS-P (video) (per copy)

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 with boxes for Last, First, and Middle Initial names.

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

Form with a long row of boxes for P.O. Box or Street Address.

P.O. Box or Street Address

Form with boxes for City or Town, State, and ZIP Code.

City or Town

State

ZIP Code

3. Social Security Number

Form with boxes for Social Security Number.

4. Date of Birth

Form with boxes for Date of Birth (Month, Day, Year).

Month Day Year

5. Daytime Telephone Number

Form with boxes for Daytime Telephone Number (Area Code).

Area Code

6. Test date: Place a check in the box that corresponds to the test date for which you are requesting an additional copy of your test results. You may request additional copies up to three years following the test date. Allow two to four weeks from receipt of request for delivery.

- Check boxes for test dates: September 24, 2011; November 12, 2011; February 18, 2012; April 21, 2012; June 9, 2012; July 14, 2012; Month/year not indicated.

7. Test(s) for which you require an additional copy of your test results (see "Test Selection" or check [] to indicate ATS-P [video]):

Form with boxes for Test Code and Test, and a checkbox for ATS-P (video).

8. The fee for an additional copy of your test results is \$20 per copy for either one test date (regardless of the number of tests taken on that date) or one ATS-P (video) submission. Please enclose a cashier's check or money order in U.S. dollars for the correct amount, payable to Evaluation Systems. 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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