NEW YORK STATE TEACHER CERTIFICATION EXAMINATIONS™

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).....$20

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

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. Date of Birth

Month Day Year

5. Daytime Telephone Number

Area Code

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

A. Month / Day / 20 Year B. Month / Day / 20 Year C. Month / Day / 20 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):

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 **$20 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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