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)

**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**

XXXX

**4. Customer Number** (found in your account at www.nystce.nesinc.com)

**5. Daytime Telephone Number**

Area Code

**6. 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.

_____

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

Test Code _____ Test | Test Code _____ Test

Please note that additional copies of test results for EAS are reported as "pass" or "did not pass." A scaled score is not provided.

**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)**. 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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