



Test Results Request Form

Mail to:

**Michigan Test for Teacher Certification
Evaluation Systems
Pearson
P.O. Box 660
Amherst, MA 01004-9001**

NOTE:

Forms with insufficient payment or missing information will be returned to you unprocessed. Allow up to four weeks for delivery of an additional copy of your test results.

1. Name

Last

First

Middle Initial

2. Address

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: Indicate the test dates for which you are requesting an additional copy of your test results.

- October 17, 2009 November 14, 2009 January 9, 2010 April 17, 2010 July 10, 2010
 Other: _____

7. Send my additional copies to the institution indicated. See "Institution Codes" for the correct code. If no institution is indicated, your copies will be sent to you at the address listed above.

Institution Code

8. Test(s) for which you require a copy of your test results (see "Test Selection" for codes):

Numerical
Test Code

Test Name

9. The fee for a copy of your test results is \$15 per copy for each test date. Please enclose payment by **money order or cashier's check only** for the appropriate amount, payable to **Evaluation Systems**. Do not send cash or a personal check. All payments must be made in U.S. dollars.

\$ TOTAL FEE ENCLOSED

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

Signature

Date

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