TEST RESULTS REQUEST FORM

Mail to: CPACE Program
Evaluation Systems
Pearson
P.O. Box 340880
Sacramento, CA 95834-0880

Fax: (866) 483-6460 or (916) 928-6110

IMPORTANT INFORMATION

- The fee for an additional copy of your test results is $10; the fee must be paid by money order or cashier's check made payable to Evaluation Systems.
- Your test results will be posted as a PDF file to your online account, accessible at the program website within one week of receipt of your request. You will be sent an email when the test results have been posted to your account, and you will be able to access it for two years.

1. Social Security Number

X X X X

2. Customer Number

(found in your account at www.ctcexams.nesinc.com)

3. Name ☐ Check here if this name is different from the one on your California Preliminary Administrative Credential Examination (CPACE) records.

Last | First | Middle Initial

4. Address

P.O. Box or Street Address

City or Town | State | ZIP Code

5. Telephone Numbers

	Daytime	Evening
	Area Code	Area Code

6. Test

☐ CPACE–Content (603) ☐ CPACE–Performance (604)
☐ CPACE–Written (601) ☐ CPACE–Video (602)

7. Test date/submission deadline:
(If you are not sure, leave blank.)

Month | Year

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

Signature | Date

Payable by money order or cashier's check only.

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