

# TEST RESULTS REQUEST FORM



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

**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						
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**2. Customer Number:**

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 (found in your account at [www.ctcexams.nesinc.com](http://www.ctcexams.nesinc.com))

**3. Name:**  

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

  
Last

--	--	--	--	--	--	--	--	--	--

  
First

--

  
Middle Initial

**4. Address:**  

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

  
P.O. Box or Street Address

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City or Town

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State

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ZIP Code

**5. Telephone Numbers:**

Area Code				Daytime				Area Code				Evening			

Area Code				Evening			

**6. Test date** on which you last took the CTEL®:  
 (If you are not sure, leave blank.)

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Month

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Year

**7. Indicate the amount enclosed** (see "Important Information" above): \$ 

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

\_\_\_\_\_

SignatureDate