

## TEST RESULTS REQUEST FORM

Mail to: CBEST Program Evaluation Systems

**Pearson** 

P.O. Box 340880

Sacramento, CA 95834-0880

- 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.

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5.	Telephone Numbers																										
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6.		Test date on which you last took the CBEST:  (If you are not sure, leave blank.)  Month  Year																									
7.	I ce	rtify	that	lan	n the	e pe	rsor	ı wh	ose	nam	ne an	ıd a	ddre	ess	арр	ear	on th	nis f	orm								
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## Payable by money order or cashier's check only.

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