TEST RESULTS REQUEST FORM

CTEL® California Teacher of English Learners®

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

2. Customer Number:
(found in your account at www.ctcexams.nesinc.com)

3. Name:
Last
First
Middle Initial

4. Address:
P.O. Box or Street Address
City or Town
State
ZIP Code

5. Telephone Numbers:
Daytime
Area Code
Evening
Area Code

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

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

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

Signature

Date

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