Test Results Request Form

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

IMPORTANT INFORMATION

- Use this form to request an additional copy of your test results for either the RICA® Written Examination or the RICA Video Performance Assessment.
- If you want to correct or change identification information on your score report (e.g., Social Security number, misspelled name), enclose a signed, written request describing the correction. If you have legally changed your name, you must submit documentation of the change.
- **RICA Written Examination**—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.
- **RICA Video Performance Assessment**—Copies of your results will be mailed within one week of receipt of your request and payment. **Allow two to four weeks for delivery.**

Additional copy of test results fee: $10
Make money order or cashier's check payable to Evaluation Systems in U.S. dollars.
Do not send cash or a personal check for this service.

1. Name

Last | First | Middle Initial

2. Address ☐ Check here if address is different from address on original registration.

P.O. Box or Street Address

City or Town | State | ZIP Code

3. Social Security Number

X X X X

4. Customer Number

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

Payable by Money Order or Cashier's Check Only

5. Telephone Numbers Daytime Evening

Area Code | Area Code

6. For which RICA assessment are you requesting an additional copy of your test results? Check one of the following:

☐ RICA Written Examination (Complete sections 7 and 9 below.)
☐ RICA Video Performance Assessment (Complete sections 8 and 9 below.)

7. Written Examination Test Date for which you are requesting an additional copy: Month | Year

8. Video Performance Assessment Submission Deadline for which you are requesting an additional copy: Month | Year

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

Signature | Date

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