



Withdrawal/Refund Request Form

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

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

IMPORTANT INFORMATION

Completion of this form signifies that you are withdrawing your RICA® Video Performance Assessment registration. In order to receive a partial refund for the RICA Video Performance Assessment, complete this form and then mail or fax to Evaluation Systems.

RICA Video Performance Assessment:

- This form must be received by the final submission deadline of the program year. No refunds will be issued for Withdrawal/Refund Request Forms that are received after this date.
- You cannot withdraw your registration if you have already submitted materials for scoring.
- If you withdraw by the deadline and you have not submitted any materials for scoring, you will receive a refund of \$65.

1. Social Security Number

2. Customer Number

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

3. Name

Last

First

Middle
Initial

4. Address

Check here if address is different from address on original registration.

P.O. Box or Street Address

City or Town

State

ZIP Code

5. Telephone Numbers

Daytime

Area Code

Evening

Area Code

6. I understand that in order for me to receive a partial refund, I must have submitted this form for the RICA Video Performance Assessment so that it is received by Evaluation Systems by 5:00 p.m. Pacific time on the registration/change deadline for the submission deadline for which I registered. I certify that I am the person whose name and address appear on this form.

Signature _____

Date _____

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