

# ADDITIONAL SCORE REPORT REQUEST



**If paying by check or money order, mail this completed form with your payment to:**

**ETS — School Leadership Series  
Box 382065  
Pittsburgh, PA 15251-8065**

Complete this form to request that your scores be sent to a designated score recipient or to you. Your report will include your highest School Leaders Licensure Assessment, School Superintendent Assessment, or Connecticut Administrator Test score. Complete and mail this form with a remittance of \$50 for each report requested. ETS will honor a telephone or faxed request to send your scores to a recipient. Additional score reports are issued within five calendar days for phone requests and seven business days for mail or fax requests. When ready, a copy of your score report will automatically be posted to your ETS SLS account. If you request that your score report be sent to a designated score recipient, you will automatically receive your score report through your online SLS account confirming that your scores were sent as requested. Scores for a specific test will be sent to a recipient only if that recipient is eligible to receive those scores.

You may not use this form to delete or substitute score recipients previously selected during registration.

PLEASE PRINT ALL INFORMATION BELOW.

| CANDIDATE ID NUMBER<br>(if available) |  |  |  |  |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|--|--|--|--|
|                                       |  |  |  |  |  |  |  |  |  |

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |      |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------------------------|--|--|--|--|--|--|--|--|--|------|
| <b>NAME: Print your last name, first name, and middle initial exactly as you did when you tested.</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |      |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |      |
| Last Name – first 15 letters  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | First Name – first 10 letters |  |  |  |  |  |  |  |  |  | M.I. |
| <b>NAME AT TIME OF EARLIER TEST, IF DIFFERENT</b>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |      |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |      |

|  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |                      |  |  |  |  |   |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|-------|--|--|--|--|----------------------|--|--|--|--|---|--|--|--|--|
| <b>PRESENT ADDRESS: Number and Street (include apartment number)</b> |  |  |  |  |  |  |  |  |  |       |  |  |  |  |                      |  |  |  |  |   |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |                      |  |  |  |  |   |  |  |  |  |
| City   |  |  |  |  |  |  |  |  |  | State |  |  |  |  | ZIP Code (U.S. only) |  |  |  |  | Country Code<br><small>(outside U.S. &amp; P.R. only)</small> |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |       |  |  |  |  | -                    |  |  |  |  |   |  |  |  |  |

Check here if this is a new address.

| DATE OF BIRTH |     |      | DAYTIME TELEPHONE NUMBER |  |  |  |  |  | LATEST TEST DATE<br>(approximately) |     |      |
|---------------|-----|------|--------------------------|--|--|--|--|--|-------------------------------------|-----|------|
|               |     |      |                          |  |  |  |  |  |                                     |     |      |
| Month         | Day | Year |                          |  |  |  |  |  | Month                               | Day | Year |

Please check box, if applicable:

- I recently tested and I want my request held until scores for that administration are available. Indicate test date: \_\_\_\_\_
- I am requesting only a test taker score report (I do not want my scores reported to any score recipients). Fee for test taker score report is \$50.

**FEES** (See the website for explanation.)

Number of reports \_\_\_\_\_ × \$50 = ..... \$ \_\_\_\_\_  
 In Canada, add GST/HST and QST to total remittance.  
 GST/HST Reg. #131414468 RT ..... \$ \_\_\_\_\_  
 QST Reg. #1087967545 ..... \$ \_\_\_\_\_  
 Add Value Added or similar taxes where applicable.\* ..... \$ \_\_\_\_\_  
**AMOUNT DUE** ..... \$ \_\_\_\_\_

**\*See the Fees section (www.ets.org/sls/about/fees) on the SLS website for information about taxes.**

**PAYMENT** Please make check or money order payable to ETS — The School Leadership Series. Do not send cash or stamps. Orders received without payment or with incorrect payment will be returned.

- Payment enclosed
- American Express®
- Discover®
- MasterCard®
- Visa®
- JCB®

Credit/Debit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

| <b>PLEASE PRINT SCORE RECIPIENT INFORMATION BELOW.</b>  |                 |  |  |  |  |  |  |  |  |  |          |  |  |  |
|---|-----------------|--|--|--|--|--|--|--|--|--|----------|--|--|--|
| Use the Attending Institution/Recipient Code List on the SLS website ( <a href="https://www.ets.org/s/sls/pdf/attending_inst_recipient_codes.pdf">https://www.ets.org/s/sls/pdf/attending_inst_recipient_codes.pdf</a> ). |                 |  |  |  |  |  |  |  |  |  |          |  |  |  |
| CODE  | SCORE RECIPIENT |  |  |  |  |  |  |  |  |  | LOCATION |  |  |  |
| R   |                 |  |  |  |  |  |  |  |  |  |          |  |  |  |
| R   |                 |  |  |  |  |  |  |  |  |  |          |  |  |  |
| R   |                 |  |  |  |  |  |  |  |  |  |          |  |  |  |
| R   |                 |  |  |  |  |  |  |  |  |  |          |  |  |  |

I authorize Educational Testing Service (ETS) to release my scores, under the conditions set forth in the *School Leadership Series Information Bulletin*, to the score recipients designated on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_