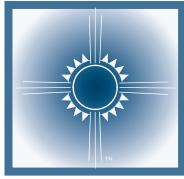


CHANGE OF REGISTRATION REQUEST FORM



New Mexico
TEACHER ASSESSMENTS™
2008–2009

Mail to:
New Mexico Teacher Assessments
Evaluation Systems
Pearson
P.O. Box 660
Amherst, MA 01004-9012

FEE

All fees include the New Mexico 5% sales tax.
Change of registration fee \$21

Make cashier's check or money order payable in U.S. dollars to Evaluation Systems.

Write the last five digits of your social security number on your payment.

This form must be received by 4:00 p.m. mountain time on the late registration deadline for the test date (or the earlier of the two test dates) indicated in Section 6.

DO NOT SEND A PERSONAL CHECK OR CASH.

IMPORTANT INFORMATION

- ▶ Use this form if you have already registered and you wish to change the test date, the test area, and/or the test(s) for which you originally registered.
- ▶ Change of Registration Request Forms may also be completed and submitted on the Internet at the New Mexico Teacher Assessments Web site at www.nmta.nesinc.com.
- ▶ Processing your request to change your test area is dependent on available space.
- ▶ To change or correct your name, address, telephone number, or social security number, submit a letter to Evaluation Systems requesting the change. There is no fee for these changes.

1. Name

Last

First

Middle Initial

2. Address

Check here if this address is different from the one on your original registration.

Post Office Box or Street Address and Apartment Number

City or Town

State

ZIP Code

3. Social Security Number

4. Date of Birth

Month Day Year

5. Telephone Numbers

Daytime

Area Code

Evening

Area Code

**Payable by
Money Order
or Cashier's
Check Only**

Complete sections 6A, 7A, and 8A regardless of the changes you wish to make.

6A. Test Date for which you **originally** registered (check one):

- September 6, 2008
- November 15, 2008
- January 17, 2009
- March 14, 2009
- June 6, 2009

For sections 6B, 7B, and 8B, complete only the change(s) in registration you wish to make.

6B. New Test Date: If you are changing your test date, check **one new date** on which you wish to take the test(s). Refer to "Test Sites" to be sure that the test area at which you are registered is available on your new selected date.

- September 6, 2008
- November 15, 2008
- January 17, 2009
- March 14, 2009
- June 6, 2009
- 2009–2010 program year*

* A voucher that may be used for a future test date will be sent to you.

7A. Test Area for which you **originally** registered (see “Test Sites”):

Code	Area		

8A. Test(s) for which you **originally** registered (see “Test Selection”):

1.				Test Fee	\$ <u> </u>
	Test Code		Test		
2.				Test Fee	\$ <u> </u>
	Test Code		Test		
	Original total test fee:				\$ <u> </u>

7B. New Test Area: If you are changing your test area, enter the new area at which you want to take the test(s). Refer to “Test Sites” to be sure that the new test area you are selecting is available on the test date for which you are registered.

Code	Area		

8B. New Test(s): Fill in the test codes for all the tests for which you now wish to be registered. Refer to the test session information provided in “Test Selection” to determine permissible combinations of tests for any one test date.

1.				Test Fee	\$ <u> </u>
	Test Code		Test		
2.				Test Fee	\$ <u> </u>
	Test Code		Test		
	New total test fee:				\$ <u> </u>

8C. If the new total test fee is greater than the original total test fee, subtract the original total test fee paid from the new total test fee. You must add this difference to the \$21 change of registration fee to compute the total fee that you must now pay.

8D. If the original total test fee is greater than the new total test fee, you must still submit the \$21 change of registration fee. You will receive a refund by U.S. mail for the difference in the test fees shortly after the test administration.

9. \$ TOTAL PAYMENT ENCLOSED (\$21 change of registration fee plus, if applicable, the additional fee calculated in 8C above)

**Payable by
Money Order
or Cashier’s
Check Only**

10. I have read the 2008–2009 New Mexico Teacher Assessments™ Registration Bulletin and hereby agree to abide by the conditions set forth in the bulletin, including the Rules of Test Participation, and I certify that I am the person whose name and address appear on this form. Also, I understand that this Change of Registration Request Form must be **RECEIVED** by Evaluation Systems by the late registration deadline for the test date (or the earlier of the two test dates) indicated in Section 6.

Signature

Date

IF THIS FORM IS RECEIVED AFTER THE LATE REGISTRATION DEADLINE FOR THE TEST DATE (OR THE EARLIER OF THE TWO TEST DATES) INDICATED IN SECTION 6, IS NOT SIGNED, OR IS NOT ACCOMPANIED BY THE CORRECT PAYMENT, IT WILL BE RETURNED TO YOU UNPROCESSED.