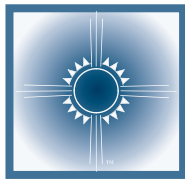


WITHDRAWAL/REFUND REQUEST FORM



New Mexico
TEACHER ASSESSMENTS™
2008–2009

Mail to:
New Mexico Teacher Assessments
Evaluation Systems
Pearson
P. O. Box 660
Amherst, MA 01004-9012
Fax number: (413) 256-7085

(Faxed forms must be received by 4:00 p.m. mountain time.)

IMPORTANT INFORMATION

- ▶ Use this form if you have already registered and wish to withdraw from one test or to withdraw your registration entirely.
- ▶ Withdrawal/Refund Request Forms may also be completed and submitted on the Internet at the New Mexico Teacher Assessments Web site at www.nmta.nesinc.com.
- ▶ To receive a refund of your test fee(s), your Withdrawal/Refund Request Form **must be postmarked by the regular registration deadline** (see “Test Dates”). The registration processing fee will not be refunded.

1. Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last	First	Middle Initial

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

<input type="text"/>		
Post Office Box or Street Address and Apartment Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City or Town	State	ZIP Code

3. Social Security Number

4. Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

5. Telephone Numbers Daytime

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Area Code					

Evening

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Area Code					

6. Test Date for which you are registered (check one):

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

7. Test(s) from which you are withdrawing (see “Test Selection”). List the test code and name for the test(s) from which you are withdrawing:

Test Code <input type="text"/>	Test _____	Test Code <input type="text"/>	Test _____
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8. I have read the 2008–2009 New Mexico Teacher Assessments™ Registration Bulletin, including the Rules of Test Participation, and understand these rules and agree to be bound by their terms. I understand that this form must be postmarked by the regular registration deadline for the test date for which I am registered in order for me to receive a partial refund according to the guidelines presented on this form. I certify that I am the person whose name and address appear on this form.

Signature _____

Date _____

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Evaluation Systems, Pearson, P. O. Box 226, Amherst, MA 01004

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