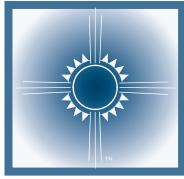


TEST RESULTS REQUEST FORM



New Mexico
TEACHER ASSESSMENTS™
2009–2010

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.
Additional test results fee (per copy) \$16
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.
DO NOT SEND A PERSONAL CHECK OR CASH.

IMPORTANT INFORMATION

- ▶ Use this form if you need an additional copy of your test results.
- ▶ Additional copies will be available beginning two weeks after the score report date. No requests will be processed before this time.
- ▶ Additional copies will be available up to five years following the test date.

1. Name

Last	First	Middle Initial

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

Area Code											

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

6. Test Dates:

Fill in the month and year of each test date for which you are requesting an additional copy of your test results. Under each test date, list the test(s) taken on that test date (see "Test Selection").

<p>A. Month _____ Year _____</p> <p style="text-align: center; font-size: small;">Test Codes for Tests Taken</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					<p>B. Month _____ Year _____</p> <p style="text-align: center; font-size: small;">Test Codes for Tests Taken</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					<p>C. Month _____ Year _____</p> <p style="text-align: center; font-size: small;">Test Codes for Tests Taken</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				

7. Additional Test Results Mailing Address:

If you want to send the additional copy of your test results to an address other than your own (e.g., to your educator preparation institution), fill in the complete address on the lines below.

8. The fee for an additional copy of your test results is **\$16 per copy for each test date**. Please enclose a cashier's check or money order for the correct amount payable in U.S. dollars to Evaluation Systems. Write the last five digits of your social security number on your payment. **Do not send a personal check or cash.**

\$ TOTAL PAYMENT ENCLOSED

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

Signature

Date

IF THIS FORM IS NOT SIGNED OR IS NOT ACCOMPANIED BY THE CORRECT PAYMENT, IT WILL BE RETURNED TO YOU UNPROCESSED.

Additional copies of your test results are available up to five years following the test date. Allow two to four weeks from the receipt of the request for delivery.

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

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

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