



Test Results Request Form

Mail to:

**Michigan Test for Teacher Certification
Evaluation Systems
Pearson
P.O. Box 660
Amherst, MA 01004-9001**

NOTE:

Forms with insufficient payment or missing information will be returned to you unprocessed. Allow up to four weeks for delivery of an additional copy of your test results.

Your score report will be posted as a PDF file to your online account, accessible at the program website within 2 to 4 weeks of receipt of your request. You will be sent an email when the score report has been posted to your account, and you will be able to access it for two years.

1. Name

Last

First

Middle
Initial

2. Address

P.O. Box or Street Address

City or Town

State

ZIP Code

3. Social Security Number

4. Customer Number (found in your account at www.mttc.nesinc.com)

5. Daytime Telephone Number

Area Code

6. Test Date: Indicate the test dates for which you are requesting an additional copy of your test results.

7. Send my additional copies to the institution indicated. See "Institution Codes" for the correct code. If no institution is indicated, your copies will be posted to your account as indicated above.

**Institution
Code**

8. Test(s) for which you require a copy of your test results (see "Test Selection" for codes):

Test Name

9. The fee for a copy of your test results is \$15 per copy for each test date. Please enclose payment by **money order or cashier's check** for the appropriate amount, payable to **Evaluation Systems**. Do not send cash or a personal check. All payments must be made in U.S. dollars.

\$ TOTAL FEE ENCLOSED

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

Signature

Date