



# REQUEST FORM FOR ADDITIONAL REPORT TO AN INSTITUTION

**2009–2010**

This form is void after September 1, 2010.

**Mail to: THEA Test  
Evaluation Systems  
Pearson  
P.O. Box 140347  
Austin, TX 78714-0347**

**NOTE:** Tests taken prior to September 2003 are called Texas Academic Skills Program (TASP®) Tests.

Use this form to request that your scores be sent through the electronic Texas Higher Education Assessment® (THEA®) Test Score Distribution System to the institutions (up to three) you list. Forms with insufficient payment or information will be returned to you unprocessed. Additional institution score reports are available beginning four weeks after the test date.

If you mail your request by an express mail service, please use this address:

2535 Ridgepoint Drive, Suite 200  
Austin, TX 78754-5209  
(413) 256-2890

1. **Social Security Number:**

2. **Date of Birth:**

Month Day Year

3. **Name:**

Last

First

Middle Initial

4. **Address:**  Check here if address is different from address on original registration.

Post Office Box or Street Address and Apartment Number

City or Town

State

ZIP Code

5. **Telephone Numbers:**

Daytime

Area Code

Evening

Area Code

6. **Test Date:** Scores are reported for the test date you indicate and for all THEA (and/or TASP) Tests you took before that date. If you do not know the date, please leave this section blank.

Month

Year

7. **Send Additional Score Report to Institution(s) Listed:** PLEASE PRINT BELOW THE THREE-DIGIT CODE (see "Institution Codes") OF EACH INSTITUTION TO WHICH YOU WANT YOUR SCORE REPORT SENT. YOU MAY LIST UP TO **THREE** INSTITUTIONS.

1.

2.

3.

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

(continued)

**8. Payment:** PLEASE NOTE THAT THE FEES INDICATED BELOW ARE FOR **EACH INSTITUTION**.

Schedule for Release	Number of Reports (up to 3 institutions)	Fee	Payment Type	Payment
Standard*—1 week		x \$12	Money Order or Cashier's Check Only	= \$ _____
Emergency*—2 business days		x \$25	Money Order or Cashier's Check Only	= \$ _____

\* The delivery schedule refers to processing time required at Evaluation Systems. See "Score Report Reprints" for more information.

Please enclose a money order or cashier's check for the total amount payable to Evaluation Systems. Please include the last five digits of your social security number on the money order or cashier's check. **Personal checks will not be accepted;** do not send cash.

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

\_\_\_\_\_

Signature Date

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

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

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