



RESCORE REQUEST FORM

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**

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

2535 Ridgepoint Drive, Suite 200
Austin, TX 78754-5209

Use this form to request a rescore of your THEA Test multiple-choice answer document. Forms with insufficient payment or information will be returned unprocessed. The rescore service is available after examinee score reports have been mailed and for the three-month period following the test date. Please allow three weeks for processing.

NOTE: All writing samples for the Writing Section of the THEA Test are scored according to standardized procedures during scoring sessions held immediately after each test administration. Scorers with relevant professional backgrounds are oriented to these procedures and are carefully monitored during scoring sessions. As part of the scoring process, writing samples are scored by more than one scorer and are, in essence, rescored at that time. Because all writing samples are automatically rescored, no additional rescore service is available.

1. **Social Security Number:**

2. **Date of Birth:**

Month Day Year

3. **Examinee Number:**

4. **Name:**

Last
First
Middle
Initial

5. **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

6. **Telephone Numbers:**

Area Code Daytime
Area Code Evening

7. **Test center** where test was taken: _____

8. **Test date** for which you are requesting a rescore of your multiple-choice answer document:

October 17, 2009
(form must be received
by January 19, 2010)

February 27, 2010
(form must be received
by May 27, 2010)

April 24, 2010
(form must be received
by July 26, 2010)

June 19, 2010
(form must be received
by September 20, 2010)

July 24, 2010
(form must be received
by October 25, 2010)

THEA Quick Test (Test date: _____)
(form must be received within three months of
test date)

Please enclose a \$10 money order or cashier's check made 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 signature appear on this form.

Signature

Date

Payable by Money Order or Cashier's Check Only

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