

OUT-OF-STATE SCORE REPORTING REQUEST FORM

Mail this form with payment to:

Evaluation Systems
 Pearson
 P.O. Box 340880
 Sacramento, CA 95834-0880

If you have questions about the form or the process itself, please call Evaluation Systems at (916) 928-4192 or (800) 784-4999.

IMPORTANT INFORMATION

- If you are an out-of-state certified educator who is seeking certification in Washington your passing score from your state's teacher certification exam may be used to meet Washington's content knowledge test requirement. If you took a Pearson administered assessment in another state and would like to have your test results reported to the Washington Office of Superintendent of Public Instruction (OSPI), submit this form via mail, along with full payment, to the address above. For a list of equivalent out-of-state content knowledge tests accepted by the State of Washington Professional Educator Standards Board (PESB) visit <http://assessment.pesb.wa.gov/assessments/weste/west-e-equivalent-exam-chart>.
- You will receive an acknowledgement that your request has been processed within two weeks of receipt.

FEE

The out-of-state score reporting fee is \$60. The fee is payable by money order or cashier's check only. Make money order or cashier's check payable to Evaluation Systems. Include the last five digits of your social security number on your payment.
 All payments must be in U.S. dollars. **Personal checks are not accepted. Do not send cash.**

Evaluation Systems will not use this form to update your account information. This form will be used only for the purposes of this specific request.

PLEASE PRINT LEGIBLY

- Name:**

Last	First	Middle Initial

If your name has changed since taking the exam, please provide the name under which you tested:

Last	First	Middle Initial
- Address:**

P.O. Box or Street Address and Apartment Number				
City or Town	State	ZIP Code		
- Social Security Number:**

X	X	X	X		
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- Customer Number:** (found in your account on the program website)

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- Email address:** _____
- Telephone Numbers:**

Daytime	Evening
Area Code	Area Code

7. Indicate below test(s) for which you need a copy of your test results sent to OSPI:

Test Date	Test Program Name and Content Area Test Name
_____	_____
_____	_____
_____	_____

8. For which state did you apply these test results toward certification?

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9. I certify that I am the person making this request and whose name and address appear on this form. By signing below, I authorize the release of the results of the test(s) indicated on this form to the Washington Office of Superintendent of Public Instruction (OSPI).

Signature _____
Date

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