

ADDITIONAL SCORE REPORT REQUEST FORM

ETS will make every effort to process your Additional Score Report Request Form and mail paper score reports to institutions within 10 working days after receipt. However, GRE score recipients may elect to receive scores in one or more of the following forms of GRE score reporting: paper roster, disk, or magnetic tape. GRE scores reported in these formats are sent to institutions approximately twice a month.

Keep a record of the names and code numbers of designated score recipients. Once a request for additional score reporting has been received by ETS, the request cannot be canceled or changed.

If you only want to obtain another copy of your score report for yourself, complete the form, check the appropriate box under the "Test Taker Copy Only" section, and submit your request with the \$13 fee or complete credit card information. Only one copy may be requested.

The GRE Program will **not** honor a telephone call (except through the Phone Service for Additional Score Reports, see page 63), telegram, or mailgram request to send score reports. Fax requests will be honored if payment is made by VISA, MasterCard, or American Express. The credit card number and expiration date must be indicated on the request. The fax number is 1-609-771-7906.

This form can also be downloaded from the GRE Web site at www.gre.org.

GRE® 1998-99 ADDITIONAL SCORE REPORT REQUEST FORM

540-16

ASR

FOR USE IN 1998-99; fees subject to change after 9/30/99

Complete this form to have score reports sent to institutions in addition to those listed on your registration form or to have previous GRE scores sent to institutions. **To avoid delay, do not send a letter with this form.** ETS will make every effort to process your score reports within ten working days after receipt of your request at ETS.

FEE: \$13 for each score recipient listed

\$13 \$26 \$39 \$52

In Canada, add GST/HST (Reg. #13141 4468 RT)

CREDIT CARD NUMBER															
If paying by credit card, write in credit card number, expiration date, and type. Do not leave any spaces between the numbers. Only VISA, MasterCard, or American Express will be accepted.															

EXPIRATION DATE	
Month	Year

TYPE OF CREDIT CARD		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VISA	MasterCard	AMERICAN EXPRESS

\$
TOTAL AMOUNT ENCLOSED

If paying by check or money order, make your remittance payable to **ETS-GRE**.

NAME															
LAST NAME (Family or Surname)												FIRST NAME (Given)		M.I.	

NAME AT TIME OF PREVIOUS TEST DATE, IF DIFFERENT															
Scores under both names will be reported.															

DATE OF BIRTH			U.S. SOCIAL SECURITY NUMBER				PHONE NUMBER	
MONTH	DAY	YEAR	ENTER IF GIVEN PREVIOUSLY.				() ()	

YOUR CURRENT ADDRESS: Print your current address.															

NUMBER AND STREET															
CITY												STATE OR PROVINCE	POSTAL CODE OR U.S. ZIP	COUNTRY CODE	Refer to the Country or Region Code List in the <i>Bulletin</i> .

TEST TAKER COPY ONLY — Only one copy may be requested.															
<input type="checkbox"/> Check this box and include the \$13 fee if you are requesting a copy of your scores for yourself only and do not want your scores reported to any institutions at this time.															

SCORE RECIPIENTS — An acknowledgement will be sent to you containing a copy of your scores and a list of the score recipients.															
Choose carefully. Score recipients, department codes, and report codes listed on this form cannot be changed or canceled.															
<ul style="list-style-type: none"> See Institution Code List and Department Code List in the <i>Bulletin</i>. Check code numbers for accuracy because requests are filled on the basis of code numbers you provide. Also, print the name of the institution and the department. To designate an institution or fellowship not listed in the Institution Code List, enter the name and complete mailing address on this form. If the designated recipient is authorized to receive GRE scores, your request will be honored. For each recipient listed, enter one of the following numbers in the "REPT." box below: <ul style="list-style-type: none"> 1 – to have both General and Subject Test scores reported 2 – to have only General Test scores reported 3 – to have only Subject Test scores reported If you leave the box blank, ALL scores will be reported. 															

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EFFECTIVE SINCE OCTOBER 1985, GRE SCORES ARE REPORTABLE FOR 5 YEARS, (I.E., UNTIL SEPTEMBER 15 FOLLOWING THE 5TH ANNIVERSARY OF YOUR TEST DATE). CURRENTLY, GRE SCORES EARNED AFTER OCTOBER 1, 1993, ARE AVAILABLE.

IF YOU TESTED PRIOR TO OCTOBER 1985, SCORES ARE REPORTABLE FOR 20 YEARS. CURRENTLY, GRE SCORES EARNED BETWEEN OCTOBER 1978 AND SEPTEMBER 1985 ARE AVAILABLE.

INSTITUTION CODE	DEPT. CODE	REPT.	INSTITUTION OR FELLOWSHIP SPONSOR	LOCATION	DEPARTMENT
R			1.		
R			2.		
R			3.		
R			4.		

Subject to your instructions in the boxes labeled REPT. above, your score report will routinely include all available scores earned after 10/1/93. Enter your test date in a. below.

a. ENTER YOUR TEST DATE (see below). MONTH YEAR 	b. ENTER YOUR REGISTRATION NUMBER (if available) FOR THE TEST DATE ENTERED AT LEFT. 	c. ENTER LOCATION OF THE TEST CENTER CITY STATE OR COUNTRY
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- If you enter a FUTURE TEST DATE, those scores and any previous scores earned since 10/93 will not be reported until scores from the future test date become available. However, if you also requested scores under a different name (indicated above) those scores will be reported within approximately ten working days after receipt at ETS.
- If you enter a PREVIOUS TEST DATE, your scores will be reported within approximately ten working days after receipt at ETS.
- If you enter a test date between 10/78 and 9/85, your scores for that test date will be reported within approximately ten working days after receipt at ETS. They are reported separately from any scores earned after 10/93.

IMPORTANT: If you want scores reported that were earned between 10/1/78 and 9/30/85 enter in the boxes below the approximate date(s) on which you earned the scores.															
MONTH	YEAR	MONTH	YEAR	MONTH	YEAR										

By signing this form, I authorize Educational Testing Service to release my GRE scores, under the conditions set forth in the 1998-99 GRE <i>Bulletin</i> , to the graduate schools and fellowship sponsors I have designated on this form.															
SIGNATURE												DATE			

MAIL THIS COMPLETED FORM TO: Graduate Record Examinations, Educational Testing Service, P.O. Box 6006, Princeton, NJ 08541-6006
REQUESTS RECEIVED WITHOUT FEES OR COMPLETE CREDIT CARD INFORMATION WILL BE RETURNED. • RETAIN A COPY FOR YOUR RECORDS.
DO NOT SEND CASH (see back cover). THIS FORM MAY BE PHOTOCOPIED. NO REFUNDS