

REQUEST FOR AN OFFICIAL CanTEST SCORE REPORT

Candidates who wish to have an Official Score Report sent to an institution or professional organization must complete this form. The cost of this service is \$15 and must be paid upon submitting this form. Payment accepted: cash, certified cheques and money orders only.

Family Name: _____

Given Name(s): _____

Date of Birth (year-month-day): _____

Email Address: _____

Telephone Number: _____

Date on which CanTEST was taken: _____

City in which CanTEST was taken: _____

Official Score Report to be sent to:

Institution: _____

Complete Postal Address*: _____

Name of Contact Person: _____

* Test candidates are responsible for providing accurate addresses.

FOR OFFICE USE ONLY

Fee of \$15 received.

Cash

Certified cheque

Money order

Approved by _____

Date _____