



WITHDRAWAL/REFUND REQUEST FORM FOR COMPUTER-BASED TESTING

**Mail to: CBEST Program
Evaluation Systems
Pearson
P.O. Box 340880
Sacramento, CA 95834-0880**

Fax number: (866) 483-6460 or (916) 928-6110

Completion of this form signifies that you are withdrawing your California Basic Educational Skills Test™ (CBEST®) computer-based testing registration. In order to withdraw your registration and receive a full refund, please complete the following steps:

1. If you already scheduled your test appointment, you must first cancel your test appointment on the Pearson VUE Web site at www.pearsonvue.com/cbest. The deadline for canceling your test appointment is one business day (24 hours) before your scheduled testing time.
2. Complete this form and then mail or fax it to Evaluation Systems.

If you scheduled a test appointment and did not cancel it through the Pearson VUE Web site at least 24 hours in advance of the appointment, you will not be eligible to receive a refund.

1. Social Security Number

2. Date of Birth

Month Day Year

3. Name

Last

First

Middle Initial

4. Address Check here if this address is different from the one on your original registration.

P.O. Box or Street Address

City or Town

State

ZIP Code

5. Telephone Numbers

Daytime

Area Code

Evening

Area Code

6. I understand that in order for me to receive a refund, I must have canceled my test appointment, if I scheduled one, on the Pearson VUE Web site at least 24 hours in advance of the appointment. I certify that I am the person whose name and address appear on this form.

Signature

Date