



WITHDRAWAL/REFUND REQUEST FORM FOR PAPER-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®) paper-based testing registration. In order for you to receive a refund of the test fee, this form must be received by the late registration deadline for the test date from which you are withdrawing. Withdrawal/Refund Request Forms for Paper-Based Testing may also be faxed to the CBEST Program or completed and submitted on the Internet at the CBEST Web site. No refunds will be issued for forms that are received after 5:00 p.m. Pacific time on the late registration deadline. If you registered during the late registration period, the late registration fee will not be refunded.

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. Test date from which you are requesting to withdraw:

Test Date	Deadline for Withdrawal	Test Date	Deadline for Withdrawal
<input type="checkbox"/> August 8, 2009	July 28, 2009	<input type="checkbox"/> February 6, 2010	January 26, 2010
<input type="checkbox"/> October 3, 2009	September 22, 2009	<input type="checkbox"/> April 10, 2010	March 30, 2010
<input type="checkbox"/> December 5, 2009	November 24, 2009	<input type="checkbox"/> June 12, 2010	June 1, 2010

7. I understand that in order for me to receive a refund, this Withdrawal/Refund Request Form for Paper-Based Testing must be received by the late registration deadline for the test date from which I am withdrawing. I certify that I am the person whose name and address appear on this form.

Signature

Date

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