# TEST RESULTS REQUEST FORM

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

- The fee for an additional copy of your test results is $10; the fee must be paid by money order or cashier's check made payable to **Evaluation Systems**.
- Your additional copy will be sent to the address on your original registration unless you check the box below indicating a change of address.
- This copy is in addition to the one automatically mailed to you approximately three weeks after the test date. Allow two to four weeks from receipt of your request for delivery.

**1. Social Security Number**

**2. Date of Birth**
Month Day Year

**3. Name** ☐ Check here if this name is different from the one on your California Basic Educational Skills Test™ (CBEST®) records.
Last First Middle Initial

**4. Address** ☐ Check here if this address is different from the one on your most recent 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** on which you last took the CBEST:
(If you are not sure, leave blank.)
Month Year

**7.** I certify that I am the person whose name and address appear on this form.

Signature Date

**Payable by money order or cashier's check only.**

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