## **TEST AUTHORIZATION VOUCHER REQUEST**



## If paying by paper check or money order, mail this completed form with your test fee to:

ETS–*The Praxis Series* PO BOX 382065 Pittsburgh, PA 15251-8065

Check here if you are not requesting testing accommodations.

Check here if you are requesting testing accommodations. Before you fill out this form, you must create a profile at www.ets.org/praxis/register. When you create your profile, a candidate ID number will be assigned to you. Please enter that candidate ID number in the space provided below.

## PLEASE PRINT ALL INFORMATION CALLED FOR BELOW.

NAME: Print your last name, first name, and middle initial.						
Last Name - first 15 letters		Fi	rst Name – first 10 letters	M.I.		
MAILING ADDRESS: Number and Street (include apartment number)						
City		State ZI	P Code (U.S. only)	Country Code (Outside U.S. & P.R. only)		
EMAIL ADDRESS						
DATE OF BIRTH SOCIAL SECURITY NUMBER		NUMBER	DAYTIME TELEPHONE NUMB	ER Candidate ID (if known)		
Month Day Year	_	-				
TEST CODE TEST NAM	1E					

**PAYMENT** Please make check or money order payable to ETS-*The Praxis Series*. **Do not send cash.** Orders received without payment or with incorrect payment may be returned.

NOTE: By sending your check to us, you authorize ETS to convert the c debited as soon as the same day we receive your payment and you w an additional service fee of \$20 will be added to your account.						
Payment enclosed						
If you are requesting testing accommodations and are paying by credit or debit card, please complete the information below AND mail to ETS <i>–The Praxis Series</i> , PO Box 6054, Princeton, NJ 08541-6054. PLEASE do NOT mail to the address listed above.						
American Express <sup>®</sup> Discover <sup>®</sup> JCB <sup>®</sup>	MasterCard®	☐ Visa <sup>®</sup>				
Charge Card Account Number	Expiration Date (MM/	YY)				

Cardholder's Signature

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