

**OK TO
PHOTOCOPY**

**THE INTERSTATE REPORTING SERVICE
Score Transfer Request Application**

Note: Omission or errors will result in delays. Please follow the instructions on the back of this form.

Please check appropriate exam. MFT_____

I. Applicant Information

Current Last Name:	First:	M.I.
Name at Time of Exam (last, first, middle, if different):		Other names:
Current address:		
include street #, apt #	city	state
		zip code
E-mail Address:	Tel. No. ()	SSN:

II. Exam Information: The Interstate Reporting Service is available for exams taken in 1985 through the present. You must provide the appropriate information about the exam for score transfer.

Date of Examination (mm-dd-yy)	State Applied For Examination	Candidate ID Number

**III. Fees: (A) Each Transfer Fee \$50.00 per examination (first transfer fee includes initial registration)
In the space provided below, print the state(s) to which you want your exam score transferred.**

State(s) To Which You Want Your Score Transferred

1.	2.	3.
4.	5.	6.

Total (A) \$50.00 x _____ states = \$ _____ TOTAL

(B) Fee for Expedited Transfer: ADDITIONAL \$30.00 for each state. Print below the state(s) for which you are requesting an expedited transfer.

1.	2.	3.
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Total (B) \$30.00 x _____ states = \$ _____ TOTAL GRAND TOTAL (A+B) \$ _____

IV. Method of Payment: Credit cards (MasterCard/VISA only), cashiers' check, money order, certified check, or corporate business checks. **PERSONAL CHECKS NOT ACCEPTED.**

For credit card payment you must provide the following: Credit Card Type: VISA MasterCard

Expiration Date _____ Credit Card # _____ Cardholder's Name: _____

I certify that the information provided above is correct.

Signature _____ Print Name: _____ Date: _____

(Your request will not be processed unless it is signed)

**Mail to: PES, Attention: Interstate Reporting Service (589)
475 Riverside Drive, 6th Floor, New York, NY 10115-0089. Telephone: 212-367-4342**