

Handscore Report Request Form

CANDIDATE INFORMATION:

Current Last Name: _____ First: _____ M.I. _____

Name at time of exam (Last, First, M.I., if different): _____

Current Address: _____
(Street) (Apt. #)

(City) (State) (Zip code)

(Country)

Email Address: _____ Phone No: (____) _____

HANDSCORE INFORMATION:

Name Of Examination: _____

Date Of Examination: _____ PTC Candidate ID Number: _____
(Month / Year) (If Known)

Note: Handscore requests more than 12 months after your original test date will NOT be processed **Fee: \$25.00 Per Report**

Total Fees: _____

Please note that the results of the handscore of your examination will only be sent by mail. Please allow 10 business days for processing from the date we receive this form.

PAYMENT AND SIGNATURE:

CREDIT CARD Name (as it appears on your card): _____ Address (as it appears on your statement): _____ _____ Charge my credit card for the total fee of: \$ _____ Card type: ___ Visa ___ MasterCard ___ American Express Expiration Date: _____ <small>Month/Year</small> Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Signature: _____	CHECK OR MONEY ORDER Make check payable to: PROFESSIONAL TESTING CORPORATION
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I have read the instructions for this form. I certify that the information provided above is correct.

Signature: _____ Print Name: _____ Date: _____