



## revised TOEFL® Paper-delivered Test Refund Request Form

Follow the completion instructions on the reverse side of this form and mail it to:

TOEFL  
PO Box 6151  
Princeton, NJ 08541-6151 USA

Name: \_\_\_\_\_  
Family Name (Surname) Given Name Middle Initial

Address (include ZIP or postal code): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year

Appointment Confirmation/  
Registration Number: \_\_\_\_\_ Canceled Test Date: \_\_\_\_\_  
Month Day Year

Candidate Number (if applicable): \_\_\_\_\_

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CUT HERE ✂



## revised TOEFL® Paper-delivered Test Score Review Request Form

Check the appropriate box and complete the form. Instructions for submitting are on the reverse side.

I request that the following be rescored:

☐ Listening & Reading Answer Sheet US\$50 ☐ Writing Section Essays US\$80

Test Date: \_\_\_\_\_ Registration Number: \_\_\_\_\_  
Month Day Year

Test Center Number: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

Address (include ZIP or postal code): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Check this box if your mailing address has changed since the test date indicated above. Print your new address below.

Address (include ZIP or postal code): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check if paying by ☐ American Express® ☐ Discover® ☐ JCB® ☐ MasterCard® ☐ VISA®

Credit/Debit Card Number

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Expiration Date

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Month

Year

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## COMPLETING THE REFUND REQUEST FORM

A partial refund is available if the proper procedures are followed when canceling a test. Information about canceling a test, program refund policies, refund processing times, and requirements for completing this form are in the *Information and Registration Bulletin for the revised TOEFL Paper-delivered Test*.

Complete the form and send it to the address shown. Refunds will be issued in U.S. dollars.

Be sure to include:

- Your complete name
- Your address (including ZIP or postal code)
- Daytime phone number
- Date of birth
- Appointment Confirmation/Registration number
- Canceled test date
- Registration number (if applicable)

If applicable, return your unused admission ticket with the form.

\_\_\_\_\_ CUT HERE ✂ \_\_\_\_\_

## SUBMITTING A SCORE REVIEW REQUEST FORM

Complete the form and send it with the required fee to:

TOEFL Services  
ETS  
PO Box 6151  
Princeton, NJ 08541-6151 USA

Only 1 request can be submitted for a specific test administration. Checks must be in U.S. dollars and made payable to ETS-TOEFL. Add Value-added or similar taxes where applicable. By sending your check to us, you authorize ETS to convert the check into an electronic funds transfer. Please be aware that your bank account may be debited the same day we receive your payment and you will not receive a canceled check. If you are paying by credit/debit card, this form can be faxed. Faxed requests will not be processed unless complete credit/debit card information is provided. The fax number is +1-610-290-8972. The results of the score review will be available approximately 3 weeks after receipt of your request form and payment.

**NOTE:** All forms will be processed upon receipt, and a charge will be made to your credit/debit card. If you think your faxed form may not have been received by TOEFL Services, and you attempt to send the information again, write "DUPLICATE" in large letters on all repeat requests. This will help avoid extra processing by TOEFL Services and unnecessary charges to your credit/debit card.

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