

ADDITIONAL SCORE REPORT

FEE: \$5.00 per test

POLICY: Score Report can only be requested by the examinee. **Proper ID must be presented at the time request is made.**

University Testing Services
Learning and Assessment Services

Please complete APPLICATION and return to:

University Testing Services
Rm. 204 Student Service Center 1
University of Houston
Houston, Texas 77204-3025
713-743-5444

1. Score reports will be available two business days after submitting request in Room 204 Student Service Center 1.
2. Please indicate if you want your score report mailed to you.
3. If you are mailing in your request, please include a copy of your ID with your request form.

PRIVACY NOTICES ON UNIVERSITY FORMS

"State law requires that you be informed of the following:

- (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form;
- (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and
- (3) under sections 559.004 of the Government Code, you are entitled to have the university correct information about you that is incorrect."

University Testing Services

A unit of Learning & Assessment Services

Office Hours

Monday through Friday

8 a.m. - 5 p.m.

Room 204, Student Service Center 1

713.743.5444

<http://www.las.uh.edu/uts>

TEXES QUALIFYING EXAMS

Proper ID must be presented at the time request is made.

TEST NAME (check one)

| | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> EC-4 GEN | <input type="checkbox"/> 4-8 PPR | <input type="checkbox"/> 8-12 PPR |
| <input type="checkbox"/> EC-4 PPR | <input type="checkbox"/> 4-8 ELAR | <input type="checkbox"/> 8-12 ELAR |
| <input type="checkbox"/> EC-4 Bilingual Ed | <input type="checkbox"/> 4-8 Math | <input type="checkbox"/> 8-12 Math |
| <input type="checkbox"/> EC-12 PPR | <input type="checkbox"/> 4-8 Science | <input type="checkbox"/> 8-12 Sci |
| <input type="checkbox"/> 8-12 History | <input type="checkbox"/> 4-8 Soc Sci | <input type="checkbox"/> 8-12 Soc Sci |
| <input type="checkbox"/> 8-12 Physical Sci | <input type="checkbox"/> 8-12 Life Sci | |

TEST DATE/TIME: _____

CHECK ONE

Pick Up Mail

UH Student: Yes No

UH Student PS ID:

| | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Please print

Last Name First M.I.

Address: _____
Street

City State ZIP Code

Phone: Home: () _____

Work: () _____

UH Students: I understand that my application will not be processed if I fail to present proper identification and I will be billed \$5.00 per test on my fee bill for this score report.

Non-UH: I understand that my application will not be processed if I fail to present proper identification. I have enclosed check or money order in the amount of a \$5.00 per test for this score report. (Please include TDL number on check.)

Signature of Applicant Date

FOR OFFICE USE ONLY

UHID? Yes No. If no, Receipt No. _____

PLACEMENT EXAMS / ACCUPLACER

Proper ID must be presented at the time request is made.

TEST NAME (check one)

| | |
|--|-------------------------------------|
| <input type="checkbox"/> Math Placement | <input type="checkbox"/> ACCUPLACER |
| <input type="checkbox"/> ITSWE (English Placement) | |
| <input type="checkbox"/> French Placement | |
| <input type="checkbox"/> Spanish Placement | |
| <input type="checkbox"/> Russian Placement | |

TEST DATE/TIME: _____

CHECK ONE

Pick Up Mail

UH Student: Yes No

UH Student PS ID:

| | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Please print

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Street

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Phone: Home: () _____

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Signature of Applicant Date

FOR OFFICE USE ONLY

UHID? Yes No. If no, Receipt No. _____

