

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															First Name – first 10 letters										M.I.					
MAILING ADDRESS: Number and Street (include apartment number)																														
City															State	ZIP Code (U.S. only)										Country Code (Outside U.S. & P.R. only)				
EMAIL ADDRESS																														
DATE OF BIRTH			SOCIAL SECURITY NUMBER						DAYTIME TELEPHONE NUMBER						Candidate ID (if known)															
Month	Day	Year		-		-			-		-																			
TEST CODE			TEST NAME																											

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 check into an electronic fund transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment and you will not receive a canceled check. If you do not have sufficient funds in your account, 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—The Praxis Series, PO Box 6054, Princeton, NJ 08541-6054. PLEASE do NOT mail to the address listed above.

- American Express® Discover® JCB® MasterCard® Visa®

Charge Card Account Number _____ Expiration Date (MM/YY) _____

Cardholder's Signature _____