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.**

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