



Washington DC

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APPLICATION FOR THE ISSUE OF ADDITIONAL TEST REPORT FORM (TRF)

Last Name: _____ First Name: _____

Candidate's mailing address: _____

(City) (State) (Zip-code)

Phone number: _____, E-mail address: _____

*Candidates will receive only one copy of their Test Report Form (TRF). This is a very valuable document and it is recommended that candidates take due care in keeping their TRF secure. It cannot be replaced - NO EXCEPTIONS – please do not send your own test report to the institutions. **You will not be provided with another report.** Other copies are mailed directly from the testing center to the institutions of candidate's choice. Our center's current policy is that five copies to the institutions are free within 30 days of your test date. If you need more copies to be sent to the institutions, they are \$10 each.*

Test Details:

Test Date: ____/____/____ (day/month/year)

Candidate number (6 digits): _____

Please give details below of where you would like your results sent to:

Name of Person/Department: _____

Name of College/University/Organization: _____

Address: _____

Name of Person/Department: _____

Name of College/University/Organization: _____

Address: _____

Name of Person/Department: _____

Name of College/University/Organization: _____

Address: _____

Payment details:

Type of card: _____ American Express _____ Visa _____ Master Card _____ Discover

Credit card number: _____

Expiration Date: _____

Name as it appears on the card: _____

Signature: _____ Date: ____/____/____ (day/month/year)