



**Michigan Test for Teacher Certification  
Evaluation Systems  
Pearson  
P.O. Box 660  
Amherst, MA 01004-9001**

Forms with insufficient payment or missing information will be returned to you unprocessed. Allow up to four weeks for delivery of an additional copy of your test results.

[illegible]

Last

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First

## First

**Mid**

Middle Initial

[illegible]

P.O. Box or Street Address

[illegible]

City or Town

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State

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ZIP Code

X	X	X	X	X				
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X

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[illegible]

Area Code

**6. Test Date:** Indicate the test dates for which you are requesting an additional copy of your test results.

**7. Send my additional copies to the institution indicated.** See "Institution Codes" for the correct code. If no institution is indicated, your copies will be sent to you at the address listed above.

If no institution is indicated, your copies will be sent to you at the address listed above.

Institution Code

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**8. Test(s) for which you require a copy of your test results (see “Test Selection” for codes):**

Test Name

9. The fee for a copy of your test results is **\$15 per copy for each test date**. Please enclose payment by **money order or cashier's check** for the appropriate amount, payable to **Evaluation Systems**. Do not send cash or a personal check. All payments must be made in U.S. dollars.

\$ 

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\$		TOTAL FEE ENCLOSED
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**10.** I certify that I am the person whose name and address appear on this form.

Signature

Date \_\_\_\_\_