

# TEST AUTHORIZATION VOUCHER REQUEST



If paying by paper check or money order, mail this completed form with your test fee to:

ETS-Praxis  
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](http://www.ets.org/praxis/register). When you create your profile, a candidate ID number will be assigned to you. After you get your candidate ID number, complete this form and follow the instructions in the *Bulletin Supplement for Test Takers with Disabilities or Health-Related Needs* at [www.ets.org/praxis/register/disabilities](http://www.ets.org/praxis/register/disabilities).

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											

**For test takers requesting an accommodation:**

PREFERRED TEST DATE \_\_\_\_\_ PREFERRED TEST LOCATION \_\_\_\_\_

**PAYMENT** Please make check or money order payable to ETS-Praxis. **Do not send cash.** Orders received without payment or with incorrect payment may be returned. If you are requesting an accommodation and prefer to pay online, do not send your payment with this form. You can pay online after your accommodation has been approved.



**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 paying by credit card, indicate which card you are using and provide your card number, expiration date and the cardholder's signature.

**IMPORTANT NOTE:** If you are requesting testing accommodations and are emailing your documents, do not include credit card information on this registration form. Once your application has been received, you will be sent an email with instructions regarding payment.

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

Charge Card Account Number \_\_\_\_\_ Expiration Date (MM/YY) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_