

## ADDITIONAL SCORE REPORT

**FEE: \$5.00 per test**

**POLICY:** Score Report can only be requested by the examinee. **Proper ID must be presented at the time request is made.**

### Testing Services

Please complete APPLICATION and return to:

Testing Services  
Undergraduate Student Success Center  
Rm. 204 Student Service Center 1  
University of Houston  
Houston, Texas 77204-3025  
713-743-5444

1. Score reports will be available two business days after submitting request in Room 204 Student Service Center 1.
2. Please indicate if you want your score report mailed to you.
3. If you are mailing in your request, please include a copy of your ID with your request form.

### PRIVACY NOTICES ON UNIVERSITY FORMS

“State law requires that you be informed of the following:

- (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form;
- (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and
- (3) under sections 559.004 of the Government Code, you are entitled to have the university correct information about you that is incorrect.”

## TESTING SERVICES UNDERGRADUATE STUDENT SUCCESS CENTER

Student Service Center 1, Room 204

**Office Hours**  
**Monday through Friday**

**8 a.m. - 5 p.m.**

**713.743.5444**

[ussc.uh.edu](http://ussc.uh.edu)

## TEXES QUALIFYING EXAMS

Proper ID must be presented at the time request is made.

### TEST NAME (check one)

<input type="checkbox"/> EC-4 GEN	<input type="checkbox"/> 4-8 PPR
<input type="checkbox"/> EC-4 PPR	<input type="checkbox"/> 4-8 ELAR
<input type="checkbox"/> EC-4 Bilingual Edu.	<input type="checkbox"/> 4-8 Math
<input type="checkbox"/> EC-12 PPR	<input type="checkbox"/> 4-8 Science
<input type="checkbox"/> 8-12 PPR	<input type="checkbox"/> 4-8 Social Science

TEST DATE: \_\_\_\_\_

### CHECK ONE

Pick Up  Mail

UH Student:  Yes  No

Student Identification Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please print

\_\_\_\_\_  
Last Name First M.I.

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP Code

Phone: Home: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_

**UH Students:** I understand that my application will not be processed if I fail to present proper identification and I will be billed \$5.00 per test on my fee bill for this score report.

**Non-UH:** I understand that my application will not be processed if I fail to present proper identification. I have enclosed check or money order in the amount of a \$5.00 per test for this score report. (Please include TDL number on check.)

\_\_\_\_\_  
Signature of Applicant Date

FOR OFFICE USE ONLY

UHID? \_\_ Yes \_\_ No, Receipt No.

## PLACEMENT EXAMS

Proper ID must be presented at the time request is made.

### TEST NAME (check one)

<input type="checkbox"/> Math Placement
<input type="checkbox"/> ITSWE (English Placement)
<input type="checkbox"/> French Placement
<input type="checkbox"/> Spanish Placement
<input type="checkbox"/> Russian Placement

TEST DATE: \_\_\_\_\_

### CHECK ONE

Pick Up  Mail

UH Student:  Yes  No

Student Identification Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please print

\_\_\_\_\_  
Last Name First M.I.

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP Code

Phone: Home: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_

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\_\_\_\_\_  
Signature of Applicant Date

FOR OFFICE USE ONLY

UHID? \_\_ Yes \_\_ No, Receipt No.

## SPEAK EXAM

Proper ID must be presented at the time request is made.

TEST DATE: \_\_\_\_\_

### CHECK ONE

Pick Up       Mail

UH Student:  Yes       No

Student Identification Number:

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Please print

\_\_\_\_\_  
Last Name                      First                      M.I.

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City                                  State                      ZIP Code

Phone: Home: (      ) \_\_\_\_\_

Work: (      ) \_\_\_\_\_

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\_\_\_\_\_  
Signature of Applicant                                  Date

FOR OFFICE USE ONLY

UHID? \_\_ Yes \_\_ No, Receipt No.

## OTHER EXAMS

Proper ID must be presented at the time request is made.

TEST NAME (please print)

\_\_\_\_\_

TEST DATE: \_\_\_\_\_

### CHECK ONE

Pick Up       Mail

UH Student:  Yes       No

Student Identification Number:

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Please print

\_\_\_\_\_  
Last Name                      First                      M.I.

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City                                  State                      ZIP Code

Phone: Home: (      ) \_\_\_\_\_

Work: (      ) \_\_\_\_\_

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\_\_\_\_\_  
Signature of Applicant                                  Date

FOR OFFICE USE ONLY

UHID? \_\_ Yes \_\_ No, Receipt No.

UNIVERSITY of HOUSTON

OFFICE OF THE PROVOST

# Additional Score Report Request

TESTING SERVICES

UNDERGRADUATE STUDENT SUCCESS  
CENTER

Student Service Center 1, Room 204

University of Houston

Houston, TX | 77204-3025

TEL: (713) 743-5444

Fax : (713) 743-5383

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