



**TOEFL** Computer-based Test  
 Examinee's Score Record  
 for the Test of English as  
 a Foreign Language

Appointment Number 8800 0000 0107 3939

HERNANDEZ, JOAQUIN  
 NAME (Family or Surname, Given, Middle)

01/16/2006 Month/Day/Year Test Date	O8017 Test Center Number	04/05/82 Month/Day/Year Date of Birth	M Sex
XXXX XXXX XXXX XXXX	XX XX XX XX	SPAIN Native Country	
XXXX Institution Code		SPANISH Native Language	
XXXX Sponsor Code	1 Degree	1 Reason for Taking TOEFL	



TOEFL Scale Scores			
23	23	26	240
Listening	Structure/ Writing	Reading	Total Score
Essay Rating 4.5			

Examinee's Mailing Address:

HERNANDEZ, JOAQUIN  
 4 FLOOR 38 DOUGHTY STREET  
 WC1N 2AA LONDON  
 LONDON WC1N2AA  
 UK

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ETS TOEFL SCORE REPORT REQUEST FORM (effective July 1, 2004)

Read the directions on the back of this form. All the information requested must be given or the form will be returned to you.

Scores more than two years old cannot be reported or verified.

8800 0000 0107 3939

Check if paying by  American Express  Discover  JCB  
 MasterCard  VISA  
 and enter your card number and expiration date.

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Credit Card Expiration Date  -

Check the appropriate box to show the number of reports you are requesting.

1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$15	\$30	\$45	\$60
5	6	7	8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$75	\$90	\$105	\$120

Reports will be mailed two weeks after receipt of request by TOEFL, or after scores become available.

In Canada, add GST/HST (Reg. No. 131414468 RT) and QST (Reg. No. 1087967545) to total remittance.

APPOINTMENT CONFIRMATION NUMBER

HERNANDEZ, JOAQUIN	04/05/82	01/16/2006	O8017	ETSUSE ONLY
NAME: Family name (surname), given name, middle name	Month Day Year DATE OF BIRTH	Month Day Year TEST DATE	CENTER NUMBER	
INSTITUTION	ADDRESS	INSTITUTION CODE	NAME OF DEPARTMENT	DEPT. CODE

YOUR MAILING ADDRESS

Check the box if your mailing address has changed since the test date you indicated above. Print your correct address below.

I authorize ETS to release my TOEFL scores to the institutions designated above, under the conditions set forth in the Information and Registration Bulletin for TOEFL paper-based and computer-based testing.

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

If your mailing address has changed since the test date indicated on this form, print your name and new address in the boxes provided. Use English letters. Leave a blank box after each complete number or word.

Print your family name (surname), given name, then middle name if you have one. Leave a blank box between names.

NAME \_\_\_\_\_

MAILING OR STREET ADDRESS \_\_\_\_\_

CITY, STATE, OR PROVINCE \_\_\_\_\_

ZIP/POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_