



# PAPER-BASED TEST EXAMINEE'S SCORE RECORD

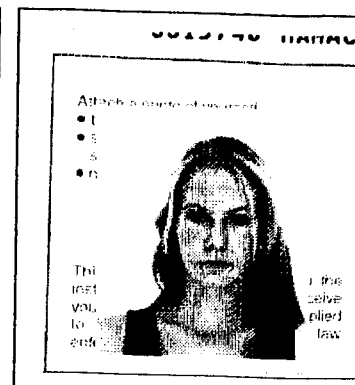
TEST OF ENGLISH AS A FOREIGN LANGUAGE			
64	68	62	647
SECTION 1	SECTION 2	SECTION 3	TOTAL SCORE
TOEFL SCALE SCORES			
TEST OF WRITTEN ENGLISH			
			5.0
			TWE SCORE

EXAMINEE'S ADDRESS:

23673 N226 3315740  
HAMACHERS ANNIKA  
LEISNERSTRASSE 5

MUNSTER 48163  
GERMANY

3315740 REGISTRATION NUMBER	HAMACHERS ANNIKA NAME (Family or Surname, Given, Middle)		
AUG 05 Month Year TEST DATE	XXXX XXXX XXXX INST. CODE	XX XX XX DEPT. CODE	10/20/85 Month/Day/Year DATE OF BIRTH
N226 CENTER NUMBER	XXXX SPONSOR CODE		F SEX
		GERMANY NATIVE COUNTRY	
		GERMAN NATIVE LANGUAGE	
		1 1 0 DEGREE FOR TAKING TOEFL TOEFL TAKEN BEFORE	



YOUR SIGNATURE	<i>A. Hamachers</i>
NAME OF COUNTRY ISSUING PASSPORT OR IDENTIFICATION	Germany
NUMBER ON IDENTIFICATION DOCUMENT	55943155989

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Before completing the Score Report Request Form, read the directions on the back.

<b>TOEFL</b> <b>SCORE REPORT REQUEST FORM</b> (INCLUDING TWE SCORE) Scores more than two years old cannot be reported or verified.		Effective July 1, 2005 Check if paying by <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> JCB <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA and enter your card number and expiration date. <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Credit Card Expiration Date <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/>																				Check the appropriate box to show the number of reports you are requesting. Mailed two weeks after receipt of request by TOEFL, or after scores become available. In Canada, add GST/HST (Reg. No. 131414488 RT) and QST (Reg. No. 1087987545) to total remittance.		Amount Due in US Dollars <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>\$17</td><td>\$34</td><td>\$51</td><td>\$68</td> </tr> <tr> <td>5</td><td>6</td><td>7</td><td>8</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>\$85</td><td>\$102</td><td>\$119</td><td>\$136</td> </tr> </table>		1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$17	\$34	\$51	\$68	5	6	7	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$85	\$102	\$119	\$136
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I authorize ETS to release my TOEFL and TWE scores, under the conditions set forth in the Information and Registration Bulletin for TOEFL paper-based and computer-based testing, to the institutions designated above.																																																	
YOUR SIGNATURE					DATE																																												

If your mailing address has changed since the test date indicated above, print your name and new address in the boxes provided. Use English letters. Leave a blank box after each complete number or word. Leave blank if there are no changes.

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					