TENDED LEVEL OF STUDY Institution ADDRESS AMINEER SPONSOR CODE NATIVE LANGLAGE AMINEER SPONSOR CODE NATIVE LANGLAGE 1 2 0 0 1 2 0 0 1 2 0 0 1 1 0 0 0 0 0 0		FIGN LANGUAGE										
TERES OF NATURE AND STATE OF THE STATE OF TH		600	of a final section of the	XXXX	XX	Month	/Day/Year		Topos Topos Topos			
THE NOT OFFERED ON THE SCORE STATE. OR PROVINCE COUNTRY MALE S ADDRESS. CASTILLO JUAN CARLOS PASALE ANGELICA 396 VIAN DEL MAR CHILE SPONSOR CODE 1 REASON DERRESTATION ON DEMPIRICATION NAME OF COUNTRY ON DEMPIRICATION NAME OF DEPARTMENT ONE OF COUNTRY ON DEMPIRICATION NAME OF DEPARTMENT ON DEMPIRICATION NAME OF DEMPIRICAT			Month Year TEST DATE	57 10 10		10×15; 61 0	CHECK TAIL	100,000				r tour i
TENDE LANGUAGE THE STORE NUMBER PONSOR CODE NATIVE LANGUAGE 1 2 0 1 2 0 0 1 1 2 0 0 0 1 1 2 0 0 0 0	TEST OF WRITTEN E	THE RESIDENCE OF THE PARTY OF T	Q722	CODE		NAT	IVE COUNT	RY				
21433 0722 3646137 CASTILLO JUAN CARLOS PASAJE ANGELICA 396 VINA DEL MAR CHILE 10 EPEL NAME OF COUNTRY SUBMA PASSON TO THE DEPTH OF THE PROPERTY OF THE PROP	WE NOT OFFERED ON THIS TEST DATE.	TWE SCORE				NATI	VE LANGUA	- 1		Y		
21433 9722 3646137 CASTILLO JUAN CARLOS PASALE AND Leguing - P.D. Bet 1911 - Princete, NJ 6864-1913 - UPA ** * EXAMINEE'S ORIGINAL SCORE RECORD ** * CORE REPORT REQUEST FORM DECLUSES THE SCORE WHISE THE STEAM ENGINEERS OF STEAM OF STATE OF STUDY CORE REPORT REQUEST FORM DECLUSES THE SCORE WHISE THE STEAM ENGINEERS OF STATE OF STATE OF STUDY ADDRESS CORE REPORT REQUEST FORM DECLUSES THE SCORE WHISE THE STATE OF STATE	AMINEE'S ADDRESS:					1	REASON	trade and		M		
VINA DEL MAR CHILE To English as a Foreign Language P.O. Box 8181 - Princeton, NJ 0864-1481 - USA ** * * EXAMINEE'S ORIGINAL SCORE RECORD ** * * * * ERE. Before completing the Score Report Request Form, read the directions on the back. COTT Chack the appropriate box to show the number of reports you are requesting and the box to show the number of reports you are requesting and the box to show the number of reports you are requesting and the box to show the number of reports you are requesting and the box to show the number of reports you are requesting and the box to show the number of reports you are requesting and the box to show the number of reports you are requesting and the box to show the number of reports you are requesting and the box to show the number of reports you are requesting and the box to show the number of reports you are requesting and the box to show the number of reports you are requesting and the box to show the number of reports you are requesting and the box to show the number of reports you are requesting and the box to show the number of reports you are requesting and the box to show the number of reports you are requesting and the box of sandcard and surface of the property of the proper						DEGREE	TAKING 1	AKEN			Man	
CHILE TOPE ** * * EXAMINEE'S ORIGINAL SCORE RECORD * * * * ERE. Before completing the Score Report Request Form, read the directions on the back. ** * * EXAMINEE'S ORIGINAL SCORE RECORD * * * * Check the appropriate box to show the number of reports you are requestly and the bye or service you desire the state of request by our are requestly and the bye or service you desire the results of request by 10Ft. The service is a state of the report and	CASTILLO JUAN C	CARLOS	0					jv	w p	11/1	6 V	
TEMPLE LEVEL OF STUDY INSTITUTION ADDRESS Print your familing address has shanged aince the test date tests are are no changes. MAILING OR STREET ADDRESS CITY, STATE, OR PROVINCE CCUTTON *** *** *** *** *** ** ** **				. 70		OR IDEN	TIFICATION		HIL	210-	<u> </u>	1124
Before completing the Score Report Request Form, read the directions on the back. City Core Report Request Form (incluses two shows the number of reports you are requesting and the type of service you dearer. Core Report Request Form (incluses two shows the number of reports you are requesting and the type of service you dearer. Check if paying by: VISA MasterCard American Express and which your cert drumber and exploration date. Check if paying by: VISA MasterCard American Express and which your cert drumber and exploration date. Check if paying by: VISA MasterCard American Express and which your cert drumber and exploration date. Check if paying by: VISA MasterCard American Express and which your cert drumber and exploration date. Check if paying by: VISA MasterCard American Express and which your cert drumber and exploration date. Check if paying by: VISA MasterCard American Express and which your cert drumber and exploration date. Check if paying by: VISA MasterCard American Express and which your cert drumber and exploration date. Check if paying by: VISA MasterCard American Express and which your cert drumber and exploration date. Check if paying by: VISA MasterCard American Express and which your cert drumber and exploration date. Check if paying by: VISA MasterCard American Express American Express become exploration date. Check if paying by: VISA MasterCard American Express American Express become exploration date. Check if paying by: VISA MasterCard American Express American Express become exploration date. Check if paying by: VISA MasterCard American Express American Express become exploration date. Check if paying by: VISA MasterCard American Express American Express become exploration date. Check if paying by: VISA MasterCard American Express American Express become exploration date. Check if paying by: VISA Master Card American Express American Express become explo	t of English as a Foreign Language •	and the second s				FICATIO	N DOCUMEN	п	0.612	.714	-	
TENDED LEVEL OF STUDY If Undergraduate 2 Graduate Trunder Tender Tende		* * *	EXAMINEE'S	ORIGINA	L SCOR	RECO	RD *	* 1	+			م
CORE REPORT REQUEST FORM (INCLUDES TWE SCORE WHEN TWE IS ADMINISTRED)— OWNS MORE THAN THE IS ADMINISTRED ONE WHITE IS ADMINISTRED ONE WHEN THE IS ADMINISTRED ONE WHEN T	Before compl	eting the Sco	re Report	Reque	st For	n. rea	d the	directi	ons on	the	back.	CUT
Check the appropriate box to show the number of reports your desire. Country Coun												
COUNTRY CODE REPORT REQUEST FORM (INCLUDES TWE SCORE WHEN TWE IS ADMINISTERED) (INCLUDES TWE SCORE WHEN TWE IS ADMINISTERED TO AD								Mailed	two weeks aft	E	1 2	3 4
CORE REPORT REQUEST FORM (INCLUSES TWE SCORE WHEN TWE IS ADMINISTERED) — ores more than two years old cannot be reported or verified Credit Card Expiration Date					harman .	-	nerican Expres	s or after	scores become	FOEFL,	\$11 \$22	\$33 \$44
TENDED LEVEL OF STUDY heck one.) I Undergraduate 2 Graduate YOUR SIGNATURE Print your mailing address hes hanged since the test date was a blank box between names. MAILING OR STREET ADDRESS CITY, STATE, OR PROVINCE COUNTRY CASTILLO JUAN CARLOS 11/30/73 MAR 98 Q722 ETS USE ONLY Month/Day/Year TEST OATE OF TRUBE IN THE SCORE SET STATES OF THE STORE			RM	ur card numbe	r and expiration	date.	tal d	RUSH	SERVICE	dave	1 2	3 4
ADDRESS CASTILLO JUAN CARLOS INSTITUTION ADDRESS INSTITUTION			rified	Expiration Date	<u> </u>			after red	ceipt of reques or after scores		\$31 \$42	\$53 \$64
TENDED LEVEL OF STUDY	REGISTRATION				/onth/Day/Ye	ear Mo	onth Year	Q722 CENTER	- dvandsie.	ETS US	E ONLY	M el
TENDED LEVEL OF STUDY heck one.) I authorize ETS to release my TOEFL and TWE scores, under the conditions set forth in the Bulletin of Information for TOEFL, TWE, and TSE, to the institutions designated above. YOUR SIGNATURE Print your family name (surname), given name, then middle name if you have one. Leave a blank box between names. Print your family name (surname), given name, then middle name if you have one. Leave a blank box between names. MAILING OR STREET ADDRESS CITY, STATE, OR PROVINCE ZIP/POSTAL CODE	softent out in Pilita provin	a auchoritani erak	n as of Vine e	name [NSTITUTION		1977		Silver St. St. St.	10 100	
TENDED LEVEL OF STUDY heck one.) 1	NSTITUTION	ADDRES	S. Mary Company	<u> </u>	10 18 0 00 7 5 6 0 00	CODE	<u>u den in</u>	NAMI	E OF DEPAR	TMENT	1190	CODE
I authorize ETS to release my TOEFL and TWE scores, under the conditions set forth in the Bulletin of Information for TOEFL, TWE, and TSE, to the institutions designated above. 1 Undergraduate 2 Graduate YOUR SIGNATURE Print your mailing address has changed since the test date ndicated above, print your name and new address in the boxes provided. Use English etters. Leave a blank box after each complete number or word. Leave blank if there are no changes. MAILING OR STREET ADDRESS CITY, STATE, OR PROVINCE ZIP/POSTAL CODE			1			last ret				200		882 V
TENDED LEVEL OF STUDY heck one.) I undergraduate 2 Graduate YOUR SIGNATURE	Santal Administration	Sie de la restanción de la s										Transport of
TENDED LEVEL OF STUDY heck one.) 1	to produce the product of the produc	one of establishe as a second	Brate organis and acti Cristal real years in	401 84% 1 116 9	and a state of	lead :		ett	ing green			Second Control
Information for TOEFL, TWE, and TSE, to the institutions designated above. 1		in on establish on the month of	hos ogranik en krijel ben in ante krije far diel 13 desemble ert	100 mm	and the state of t	leath :		Russia wa	S of S	oth-i-e		
1 Undergraduate 2 Graduate YOUR SIGNATURE Print your mailing address has changed since the test date ndicated above, print your name and new address in the lookes provided. Use English etters. Leave a blank box fifter each complete number or word. Leave blank if there are no changes. MAILING OR STREET ADDRESS CITY, STATE, OR PROVINCE ZIP/POSTAL CODE COUNTRY	S. (21 orle perce) in principal section of the percent of the perc	Contraction and a contract of the contract of	Special organization of the control of the control of the control organization of the control organization or	Antes		lead :		The Land	The small	oth-L. s.		
f your mailing address has shanged since the test date ndicated above, print your family name (surname), given name, then middle name if you have one. Leave a blank box between names. NAME	TENDED LEVEL OF STUDY	I autho	orize ETS to release	my TOEFL	and TWE see	l l	the condition	ons set forth	n in the <i>Bulle</i>	etin of	A Man	
country Triff your family name (surhame, given hame, then middle name if you have one. Leave a blank box between names, name and new address in the boxes provided. Use English etters. Leave a blank box between names are no changes. MAILING OR STREET ADDRESS MAILING OR STREET ADDRESS CITY, STATE, OR PROVINCE ZIP/POSTAL CODE	TENDED LEVEL OF STUDY heck one.)	I authorm	orize ETS to release ation for TOEFL, TV	my TOEFL	and TWE scc to the Institu	res, under	the condition	ons set forth	n In the <i>Bulle</i>	71.12	ak ele s ak esfu	
country Triff your family name (surhame, given hame, then middle name if you have one. Leave a blank box between names, name and new address in the boxes provided. Use English etters. Leave a blank box between names are no changes. MAILING OR STREET ADDRESS MAILING OR STREET ADDRESS CITY, STATE, OR PROVINCE ZIP/POSTAL CODE	TENDED LEVEL OF STUDY heck one.)	I authorm	orize ETS to release ation for TOEFL, TV	my TOEFL	and TWE scc to the institu	ores, under	the condition	ons set forth	n in the <i>Bulle</i>	71.12	DATE	
Doxes provided. Use English efters. Leave a blank box after each complete number or word. Leave blank if there are no changes. MAILING OR STREET ADDRESS CITY, STATE, OR PROVINCE ZIP/POSTAL CODE COUNTRY	TENDED LEVEL OF STUDY heck one.) 1 [Undergraduate 2	I authorm Inform Graduate YOUR	orize ETS to release ation for TOEFL, TV SIGNATURE	my TOEFL VE, and TSE,	to the institu	utions desi	gnated abov	/e. H	of the fi			
After each complete number or word. Leave blank if there are no changes. MAILING OR STREET ADDRESS CITY, STATE, OR PROVINCE ZIP/POSTAL CODE COUNTRY	TENDED LEVEL OF STUDY heck one.) 1	I authorm Inform Graduate YOUR	orize ETS to release ation for TOEFL, TV SIGNATURE	my TOEFL VE, and TSE,	to the institu	utions desi	gnated abov	/e. H	of the fi			ames.
MAILING OR STREET ADDRESS CITY, STATE, OR PROVINCE ZIP/POSTAL CODE COUNTRY	f your mailing address has changed since the test date ndicated above, print your name and new address in the poxes provided. Use English	I autho	orize ETS to release ation for TOEFL, TV SIGNATURE	my TOEFL VE, and TSE,	to the institu	utions desi	gnated abov	/e. H	of the fi			ames.
CITY, STATE, OR PROVINCE ZIP/POSTAL CODE COUNTRY	TENDED LEVEL OF STUDY heck one.) 1 Undergraduate 2 If your mailing address has changed since the test date ndicated above, print your name and new address in the boxes provided. Use English etters. Leave a blank box after each complete number	I autho	orize ETS to release ation for TOEFL, TV SIGNATURE	my TOEFL VE, and TSE,	to the institu	utions desi	gnated abov	/e. H	of the fi			ames.
CITY, STATE, OR PROVINCE ZIP/POSTAL CODE COUNTRY	theck one.) 1 Undergraduate 2 If your mailing address has changed since the test date ndicated above, print your name and new address in the boxes provided. Use English etters. Leave a blank box after each complete number or word. Leave blank if there	I autho	orize ETS to release ation for TOEFL, TV SIGNATURE	my TOEFL VE, and TSE,	to the institu	utions desi	gnated abov	/e. H	of the fi			ames.
CITY, STATE, OR PROVINCE ZIP/POSTAL CODE COUNTRY	f your mailing address has changed since the test date ndicated above, print your name and new address in the boxes provided. Use English etters. Leave a blank box ofter each complete number or word. Leave blank if there	I autho	orize ETS to release ation for TOEFL, TV SIGNATURE	my TOEFL VE, and TSE,	to the institu	utions desi	gnated abov	/e. H	of the fi			ames.
ZIP/POSTAL CODE COUNTRY	f your mailing address has changed since the test date ndicated above, print your name and new address in the poxes provided. Use English etters. Leave a blank box offer each complete number or word. Leave blank if there are no changes.	Print your family	orize ETS to release ation for TOEFL, TV SIGNATURE	my TOEFL VE, and TSE,	to the institu	utions desi	gnated abov	/e. H	of the fi			ames.
COUNTRY	f your mailing address has changed since the test date ndicated above, print your name and new address in the poxes provided. Use English etters. Leave a blank box offer each complete number or word. Leave blank if there are no changes.	Print your family NAME	orize ETS to release ation for TOEFL, TV SIGNATURE	my TOEFL VE, and TSE,	to the institu	utions desi	gnated abov	/e. H	of the fi			ames.
the state of the s	theck one.) 1 Undergraduate 2 If your mailing address has changed since the test date ndicated above, print your name and new address in the boxes provided. Use English etters. Leave a blank box after each complete number or word. Leave blank if there are no changes. MAILING OR STRE	Print your family NAME	orize ETS to release ation for TOEFL, TV SIGNATURE	my TOEFL VE, and TSE,	to the institu	utions desi	gnated abov	/e. H	of the fi			ames.
the state of the s	theck one.) 1 Undergraduate 2 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. MAILING OR STRE	Print your family NAME	orize ETS to release ation for TOEFL, TV SIGNATURE	my TOEFL VE, and TSE,	to the institu	utions desi	gnated abov	ve one. Le	pave a blan			ames.
trast	ITENDED LEVEL OF STUDY Check one.) 1 Undergraduate 2 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. MAILING OR STRE	Print your family NAME	orize ETS to release ation for TOEFL, TV SIGNATURE	my TOEFL VE, and TSE,	to the institu	utions desi	gnated abov	ve one. Le	pave a blan			ames.
57549-09872.TELA05.AFP-4/22/8	theck one.) 1 Undergraduate 2 If your mailing address has changed since the test date ndicated above, print your name and new address in the boxes provided. Use English etters. Leave a blank box after each complete number or word. Leave blank if there are no changes. MAILING OR STRE CITY, STATE, OR	Print your family NAME RET ADDRESS R PROVINCE	orize ETS to release ation for TOEFL, TV SIGNATURE name (surname),	given nam	e, then mic	idle name	e if you ha	ve one. Le	pave a blan	k box be	atween n	

EXAMINEE'SSCORE RECORD

3646137 REGISTRATION NUMBER

CASTILLO JUAN CARLOS
NAME (Family or Surname, Given, Middle)