

TOEFL IBT® TEST SCORE INQUIRY FORM

Please fill out the form below and email to CommunicateTestSecurity@ets.org

SUBMITTING INSTITUTION	Today's Date*					
Institution's Name*						
Primary Contact's First Name*	Primary Contac	Primary Contact's Last Name*				
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Primary Contact's Title or Position*	Primary Contac	ts Phone #/Em	iali Address			
City*	Secondary Contact's Name/Phone #/Email Address*					
State/Province/Country*						
QUESTIONED TEST RESULTS						
Test Taker's First Name*	Test Taker's Last Name*					
Registration or ETS ID #*	Date of Birth*					
Questioned Test Administration	Test Scores					
Test Date*	Reading	Listening	Speaking	Writing	Total	
*Required Information						
REASON FOR QUESTIONING TEST SCORI	FS					
Select all that apply Scores not in line with the test taker's	Personal Information a	and/or	Score	es do not correla	te with other FSI	
	photo discrepency	Scores do not correlate with other ESL standardized assessment results				
9	Scores do not correlate with the test taker's academic performance Other (Please specify in				in the box below)	
If "Other," or to elaborate, please use this box to exp	olain:					