

# Test Authorization Voucher Request



- ☐ Check here if you are not requesting testing accommodations.
- ☐ Check here if you are requesting testing accommodations. Before you fill out this form, you must create a profile at <https://praxis.ets.org/test-taker/register-process.html>. When you create your profile, a candidate ID number will be assigned to you. After you get your candidate ID number, complete this form and follow the instructions in the *Bulletin Supplement for Test Takers with Disabilities or Health-Related Needs* at <https://praxis.ets.org/test-takers/disability-accommodations.html>.

PLEASE PRINT ALL INFORMATION CALLED FOR BELOW.

NAME: Print your last name, first name, and middle initial.																
Last Name – first 15 letters										First Name – first 10 letters					M.I.	
MAILING ADDRESS: Number and Street (include apartment number)																
City										State	ZIP Code (U.S. only)					Country Code (Outside U.S. & P.R. only)
EMAIL ADDRESS																
DATE OF BIRTH			SOCIAL SECURITY NUMBER					DAYTIME TELEPHONE NUMBER					Candidate ID (if known)			
Month	Day	Year														

TEST CODE	TEST NAME

For test takers requesting an accommodation:

PREFERRED TEST DATE \_\_\_\_\_ PREFERRED TEST LOCATION \_\_\_\_\_

**PAYMENT** Please pay online with a credit card. If you are requesting an accommodation and pay online, do not send payment with this form. You can pay online after your accommodation has been approved.

**IMPORTANT NOTE:** If you are requesting testing accommodations and are emailing your documents, you will be sent an email with instructions regarding payment after we receive your application.

Please write, DO NOT PRINT, the following statement.

- ☐ I hereby agree to the conditions set forth in the *Praxis*® Information Bulletin, specifically those concerning test administration, payment of fees, the reporting of scores, and the confidentiality of test questions. I certify that I am the person who will take the test at the center and whose name and address appear on this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_