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2015–16 Registration Form for the *TOEFL*® Paper-Based Test

Register online at www.ets.org/toefl. It's fast and easy!

Completing this form and submitting payment will register you for the *TOEFL*® paper-based test. All information requested must be complete or your form will be returned. This form must be received at ETS by the registration deadline for your test date. Registration deadlines are on page 2 of this form under "Test Date."

NOTE: Be sure to complete both pages before mailing.

- Print all information clearly. Be sure to enter your name exactly as it is shown on the primary identification document you plan to use on test day.
- Use black or blue ink.

Mail completed registration form and payment to:

ETS-TOEFL Registration Office
PO Box 382044
Pittsburgh, PA 15251-8044 USA

If you wish to send your registration via a courier service, address it to:

TOEFL Document Processing
225 Phillips Boulevard
Ewing, NJ 08618-1426 USA

- **Test Takers with Disabilities or Health-related Needs:** You must complete and submit this form to ETS Disability Services. To get further information about requesting nonstandard testing accommodations, use one of the communication methods listed in the Bulletin or go to ***www.ets.org/disability***.

All required fields must be completed, or your form will be returned. Required fields are noted with an asterisk (*).

*** Family Name (Surname), Given Name, Middle Initial, if you have one** (as on photo ID; leave one blank box between names):

*** Address Line 1:**

*** Address Line 2:**

*** City:**

*** State or Province:**

*** Country Code for this Mailing Address** (refer to *Bulletin*)**:**

*** ZIP or Postal Code:**

*** Native Country Code** (refer to *Bulletin*)**:**

Gender: Male ☐ Female ☐

*** Date of Birth:** Month Day Year

*** Native Language Code** (refer to *Bulletin*)**:**

Primary Phone Number (include area code, country code, or city code)**:**

Email Address:

I give ETS permission to use my test and essay responses in instructional, research, and informational material produced by ETS.

☐ **YES** ☐ **NO**

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***TOEFL*® Paper-Based Test Registration Form** *(continued)* Name: _____

TEST CENTERS

See ***www.ets.org/toefl/pbt*** for test center locations and dates. Choose two test centers in order of preference. Fill in one letter and three numbers for each center.

*** First Choice Test Center** ☐☐☐☐ *** Second Choice Test Center** ☐☐☐☐

TEST DATE (Select one test date only. This form must be received at ETS before the registration deadline.)

Test Dates	Registration Deadlines	Test Dates	Registration Deadlines
☐ October 10, 2015	August 24, 2015	☐ January 9, 2016	November 16, 2015
☐ November 14, 2015	September 28, 2015	☐ April 9, 2016	February 22, 2016

If your requested test date cannot be accommodated, you will be scheduled for the next available test date unless you check the box below.

☐ Do not reschedule me; please return my payment.

TEST FEE (Fees are subject to change without notice.)

TOEFL Paper-based Test ..... US$170

Add Value-Added or similar taxes where applicable. ..... $_____

TOTAL AMOUNT DUE (DO NOT SEND CASH) ..... $_____

PAYMENT (Information about payment policies is in the *Bulletin for TOEFL Paper-based Testing*.)

Payment type: (check one)

☐ Credit/debit card* ☐ Authorization voucher ☐ Bank draft ☐ UNESCO coupon ☐ Euro check

☐ Money order ☐ International money order ☐ Western Union Quick Pay** ☐ Check

* For credit/debit card payments, indicate which card type is being used and enter your card number and expiration date in the spaces below. Your card will be charged for all services you request on this form. Any debit/check card branded with one of the five accepted credit card logos can be used. DO NOT MAIL YOUR FORM TO THE ADDRESS SHOWN ON PAGE 1. SEND IT TO ETS-TOEFL, PO BOX 6051, PRINCETON, NJ 08541-6051, USA.

** You must include your original Western Union Quick Pay re ceipt with your form. Copies or facsimiles will not be accepted as payment.

☐ American Express® ☐ Discover® ☐ JCB® ☐ MasterCard® ☐ VISA®

Credit/Debit Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date ☐☐ ☐☐
Month Year

For all checks drawn on a U.S. bank, be aware that you are authorizing ETS, at its discretion, to use the information on your check to make a one-time electronic debit from your account for the amount of your check; no additional amount will be added. If you do not have sufficient funds in your account, an additional service fee of US$20 will be added to your account. All outstanding balances incurred from prior ETS tests or services must be paid in full in order to register for any future ETS test or service.

TOEFL/ETS Use Only: SC ___ ___ ___ ___ ___ OR ___ ___ ___ FC ___ UA ___ CN ___

Please write, DO NOT PRINT, the following statement and sign your name.

I hereby agree to the conditions set forth in the 2015–16 *Information and Registration Bulletin for TOEFL Paper-based Testing*, 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: _____

Thank you for registering to take the TOEFL test. Confirmation of this registration will be mailed to you.

Print