GRE® COMPUTER-BASED GENERAL TEST AUTHORIZATION VOUCHER REQUEST FORM 2005–2006

DO NOT FAX THIS FORM

STOP: Register online at www.ets.org/gre. It's fast and easy!

- If paying by credit card, **DO NOT** complete this form. Call 1-800-GRE-CALL to schedule an appointment to test, or call your preferred CBT test center (see *page 12* of the *Bulletin*).
- Use this form **ONLY** if paying by fee waiver or a payment method other than credit card.
- **Test Takers with Disabilities:** Complete this form and follow the instructions in the **Supplement for Test Takers with Disabilities**.
- Print all information clearly.
- Use black ink.
- Mail completed form and payment to:

  ETS-CBT
  Box 371859
  Pittsburgh, PA 15250-7859

First (Given) Name (as on photo ID document): **Middle Initial**

Last (Family/Surname) Name (as on photo ID document):

Address Line 1:

Address Line 2:

City:

State or Province:

Daytime Phone/Mobile Phone (Include Area Code): **Zip or Postal Code:**

Home Phone (Include Area Code): **Country Code:** (Refer to *Bulletin*)

U.S. Social Security Number:

E-mail Address:

Date of Birth (MM-DD-YYYY):

Remittance

Amount Enclosed: _____

NOTE: DO NOT SEND CASH. Certified checks, money orders, and personal checks must be payable to **ETS-GRE/CBT**. See page 6 of the *Bulletin*.

CBT General Test Fee

$115 – United States, Puerto Rico, Guam, and U.S. Virgin Islands
$140 – All other locations

In Canada, add GST/HST (Reg. # 131414468 RT).
In Quebec, add QST to GST – inclusive price of test fees (Reg. # 1087967545).

By sending your check to us, you authorize ETS to convert the check into an electronic fund transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment and you will no longer receive a canceled check. If you do not have sufficient funds in your account, an additional service fee of $20 will be debited electronically from your account.

ETS USE ONLY
FG_____ H_____ FW_____

I hereby agree to the general conditions set forth in the *2005–06 GRE Bulletin,* and I agree to the policies and procedures related to computer-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:** _____

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This form can be downloaded at **www.gre.org/codelst.html.**