WITHDRAWAL/REFUND REQUEST FORM

Mail to: ORELA Program
Evaluation Systems
Pearson
P.O. Box 340219
Sacramento, CA 95834-0219

Fax: (916) 928-6110

IMPORTANT INFORMATION

- Do not use this form after May 27, 2010.
- Use this form if you have already submitted your registration (by mail or on the Internet) and wish to withdraw from one test or subtest or withdraw your entire registration.
- Withdrawal/Refund Request Forms may also be completed and submitted on the Internet at the ORELA Web site, **www.orela.nesinc.com**.
- In order for you to receive a refund, this form must be **received** by the late registration deadline. Requests received after the late registration deadline will be returned unprocessed.
- You will receive a refund of $80 for each test or subtest from which you withdraw.
- The one-time registration processing fee and the late registration fee, if applicable, will not be refunded.

1. Name

Last | First | Middle Initial

2. Address ☐ Check here if this address is different from the one on your registration.

Post Office Box or Street Address and Apartment Number

City or Town | State | ZIP Code

3. Social Security Number

4. Date of Birth

Month Day Year

5. Telephone Numbers Daytime

Area Code

Evening

Area Code

6. Test date for which you are registered (check one):

- ☐ August 8, 2009
- ☐ October 3, 2009
- ☐ December 5, 2009
- ☐ February 6, 2010
- ☐ April 10, 2010
- ☐ June 12, 2010

7. Test(s) you are deleting (see "Test Selection" for test codes):

Test Code	Test/Subtest Name

8. I understand that this Withdrawal/Refund Request Form must be received by the late registration deadline for the test date for which I originally registered in order for me to receive a refund according to the guidelines presented on this form. I certify that I am the person whose name and address appear on this form.

Signature | Date

IF THIS FORM IS RECEIVED AFTER THE LATE REGISTRATION DEADLINE OR IS NOT SIGNED, IT WILL BE RETURNED TO YOU UNPROCESSED.

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