ETS **TOEFL.**

Computer-based Test Examinee's Score Record

for the Test of English as a Foreign Language

Appointment Number	8800 0000 0113 6514
NAME (Family or Surname, Given, Middle)	NORONHA E TAVORA, LUIS FILIPE

03/02/2006 Month/Day/Year Test Date	08074 Test Center Number	12/21/72 Month/Day/Year Date of Birth	M Sex
9961 9077 XXXX XXXX Institution Code	84 88 XX XX Department Code	PORTUGAL Native Country	
		PORTUGUESE Native Language	
	XXXX Sponsor Code	2 Degree	2 Reason for Taking TOEFL

TOEFL Scale Scores

24 Listening	23 Structure/ Writing	27 Reading	247 Total Score

Essay Rating 3.5

Examinee's Mailing Address:

NORONHA E TAVORA, LUIS FILIPE
RUA QUINTA DA MEDIDEIRA 8,2DTO
NR8 2DRT
AMORA 2845466
PORTUGAL

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ETS **TOEFL** **SCORE REPORT REQUEST FORM** (effective July 1, 2004)

Read the directions on the back of this form. All the information requested must be given or the form will be returned to you.

Scores more than two years old cannot be reported or verified.

8800 0000 0113 6514
APPOINTMENT CONFIRMATION NUMBER

Check if paying by ☐ American Express ☐ Discover ☐ JCB ☐ MasterCard ☐ VISA and enter your card number and expiration date.

Credit Card Expiration Date ☐☐ – ☐☐

Check the appropriate box to show the number of reports you are requesting. Reports will be mailed two weeks after receipt of request by TOEFL, or after scores become available.

Amount Due in US Dollars*

1	2	3	4
☐ $15	☐ $30	☐ $45	☐ $60
5	6	7	8
☐ $75	☐ $90	☐ $105	☐ $120

In Canada, add GST/HST (Reg. No. 131414468 RT) and QST (Reg. No. 1087967545) to total remittance.

NORONHA E TAVORA, LUIS FILIPE	12/21/72	03/02/2006	08074	ETS USE ONLY
NAME: Family name (surname), given name, middle name	Month Day Year DATE OF BIRTH	Month Day Year TEST DATE	CENTER NUMBER	

INSTITUTION	ADDRESS	INSTITUTION CODE	NAME OF DEPARTMENT	DEPT. CODE

YOUR MAILING ADDRESS

☐ Check the box if your mailing address has changed since the test date you indicated above. Print your correct address below.

I authorize ETS to release my TOEFL scores to the institutions designated above, under the conditions set forth in the *Information and Registration Bulletin* for TOEFL paper-based and computer-based testing.

YOUR SIGNATURE _____ DATE _____

If your mailing address has changed since the test date indicated on this form, print your name and new address in the boxes provided. Use English letters. Leave a blank box after each complete number or word.

Print your family name (surname), given name, then middle name if you have one. Leave a blank box between names.

NAME

MAILING OR STREET ADDRESS

CITY, STATE, OR PROVINCE

ZIP/POSTAL CODE

COUNTRY