

# Request for Scoring Services

COMPLETE THIS FORM AND SEND IT WITH YOUR ANSWER SHEETS FOR SCORING

## Important

If the boxed area to the right does not contain your correct customer information, please complete the **Shipping Address** section below.

If possible, always use pre-addressed Scoring Services Forms with your score id and return address printed in this boxed area. This will speed up your order.

**CUSTOMER NUMBER:**

*Please make any address changes in the Shipping Address section below.*

*Please complete the information on the back of this form.*

## Shipping Address

Complete this section if the boxed area above is empty or if results are to go an alternate address on this occasion only. *Please print.*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Customer Number						
<input type="text"/>	<input type="text"/>		<input type="text"/>				
Address	Organization						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	Province	Postal Code					
<input type="text"/>	<input type="text"/>		<input type="text"/>				
Telephone	Fax						
<input type="text"/>							
Email							

Yes, send me the monthly newsletter "Psychometrics Direct"

 **Psychometrics**

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