

Please *print* all information on this form for any service(s) requested. Place a checkmark next to any fields that need to be updated from the last time you took the MAT.

This page must be included with all requests.

Name: _____
Last First MI

Mailing Address:

Street: _____ Country: _____

City: _____ State: _____ Zip/Postal Code _____

Daytime Phone: () _____ Alternate Phone: _____

Email Address: _____

Social Security Number: _____

Signature (*required*) _____

Mail this form with payment to:
 Pearson
Miller Analogies Test(MAT)
 16885 Collections Center Drive
 Chicago, IL 60693

**Please allow up to fifteen business days for processing from the time the request and funds are received at the address listed above.*

Check the service(s) you are requesting:

Official Transcript Request Personal Score Report
 Request For Score Verification Alternative Testing Site

A money order or cashier's check in the amount of \$_____ is enclosed. All payments must be payable in U.S. dollars. If personal checks or cash are sent as payment, your request will not be processed.

Candidate Name: _____

Official Transcripts

A fee of \$25.00 for each transcript request must be included in a money order or cashier's check and sent with page 1 of this request. Approximately 10-15 business days after receiving the request, Official Transcripts will be sent first class mail to the institutions requested below.

Transcript Request 1

School Recipient Number: _____ School Name: _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code _____

Transcript Request 2

School Recipient Number: _____ School Name: _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code _____

Transcript Request 3

School Recipient Number: _____ School Name: _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code _____

Personal Score Report

A fee of \$25.00 for the Score Report requested must be included in a money order or cashier's check and sent in with the request form. Approximately 10-15 business days after receiving the request, a Personal Score Report will be sent first class mail to the address listed on the first page of this form.

Request for Score Verification

A fee of \$35.00 for the Score Verification must be included in a money order or cashier's check and sent in with the request form. Approximately 10-15 business days after receiving the request, a letter will be sent first class mail to the address listed on the first page of this form.

Candidate Name: _____

Alternative Testing Site

An Alternative Testing Site Fee of \$149 must be included in a money order or cashier's check and sent with Page 1 of the Optional Services Request Form and the form below. All information must be completed on both forms.

Instructions on requesting an Alternative Testing Site can be found in the online Candidate Information Booklet (CIB) at www.MillerAnalogies.com under "Requesting Optional Services."

You must also notify the Alternative Test Administrator that an email (Scoring.Services@Pearson.com) or a letter (faxed to 1-800-727-0811 or mailed to PSE Customer Relations, 19500 Bulverde Road, San Antonio, TX 78259) including the information below must be submitted to Pearson.

- Their agreement to administer the MAT to you. Your name must be specified in the correspondence
- A brief resume including the Administrator's educational background and a list of any standardized tests the Alternative Test Center Administrator has administered
- A street address to which the testing materials are to be shipped
- A telephone number, email address, and fax number where the Alternative Test Administrator can be reached
- The tentative date on which the test is to be administered.

Once the required information from the Alternative Test Administrator, this form, and the money order payment are received, the test materials will be sent to the Test Center.

By signing below, I acknowledge that there is no MAT Test Center within 100 miles of my residence.

Candidate's Signature: _____

MAT Alternative Test Administrator's Information (Please Print)

Name: _____
Last First MI

Mailing Address:

Street: _____ Country: _____

City: _____ State: _____ Zip/Postal Code _____

Daytime Phone: () _____ Fax: _____

Email Address: _____