

**IMPORTANT:** Scores are only available for five years from the test date. If it has been over five years since the test date, scores are no longer available.

Clearly **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.

## Candidate Information

Name: \_\_\_\_\_  
Last First MI

Mailing Address:

Street: \_\_\_\_\_ Country: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Last 4 digits of SSN#: XXX-XX-

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 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Day/Year

Signature (*required*) \_\_\_\_\_

**Mail to:**  
 Pearson  
 Miller Analogies Test (MAT)  
 16885 Collections Center Drive  
 Chicago, IL 60693

\*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:

- |   |  |
|---|--|
| <input type="checkbox"/> <a href="#">Official Transcript Request (continue to page 2)</a><br><small>(Mailed directly to school/organization)</small>      | <input type="checkbox"/> <a href="#">Official Score Report</a><br><small>(Mailed to candidate for their own records)</small> |
| <input type="checkbox"/> <a href="#">Request For Score Verification</a><br><small>(See <a href="#">Candidate Information Booklet</a> for details)</small> | <input type="checkbox"/> <a href="#">Alternative Testing Site (continue to page 3)</a>                                       |

A money order or cashier's check in the amount of \$\_\_\_\_\_ is enclosed. **All payments must be made payable to "Pearson" and in U.S. dollars.** If personal check or cash is sent as payment, or the exam was taken over 5 years ago, your request will *not* be processed and the fees will be mailed back to you. May take approximately 8–10 weeks.

Candidate Name: \_\_\_\_\_

## **Official Transcripts** (Mailed directly to school/organization)

A fee of \$25.00 (USD) for each transcript request must be included in a money order or cashier's check and sent with pages 1 and 2 of this request form. Approximately 10–15 business days after receiving the request, Official Transcripts will be sent first class mail to the institutions requested below. **Refer to the following link for school codes:**

<http://images.pearsonassessments.com/images/assets/mat/mat-recipient-school-list.pdf>

### **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 \_\_\_\_\_

## **Official Score Report** (Mailed to candidate for their own records)

A fee of \$25.00 USD for an Official Score Report request must be included in a money order or cashier's check and sent with page 1 of this request form. Approximately 10–15 business days after Pearson receives the request, an Official Score Report will be sent first class mail to the address listed on the first page of this form.

## **Request for Score Verification** (Refer to *MAT Candidate Information Booklet*)

A fee of \$35.00 USD for the Score Verification must be included in a money order or cashier's check and sent with page 1 of this request form. Approximately 10–15 business days after receiving the request, an email notification of the result of the Score Verification will be sent to the email address listed on the first page of this form. If there is a score change, an Official Score Report will be mailed to you and an Official Transcript will be mailed to originally designated Score Recipients.

Candidate Name: \_\_\_\_\_

## Alternative Testing Site

An Alternative Testing Site Fee of \$149.00 USD must be included in the form of a money order or cashier's check and sent with COMPLETED pages 1 and 3 of this request form.

Instructions and important information regarding requesting an Alternative Testing Site can be found in the online [Candidate Information Booklet \(CIB\)](#) at [www.MillerAnalogies.com](http://www.MillerAnalogies.com) under "Requesting Optional Services."

It is important to note that it is the candidate's responsibility to locate a test site, make arrangements, and find an Alternative Test Administrator. **IMPORTANT: Exam must be administered in an academic/business environment. A residential setting is not acceptable. The test administrator must have two separate computers to proctor this exam.**

You must also notify the proposed Alternative Test Administrator that an email ([MATScoring.Services@Pearson.com](mailto:MATScoring.Services@Pearson.com)) or a letter (mailed to *PSE Customer Relations, 19500 Bulverde Road, Suite 201, 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
- Alternative test administrator's company mailing address
- 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 we receive the required items (including payment) in good order, the administrator will receive access to the needed materials to administer the MAT.

By signing below, I acknowledge that there is not a MAT Test Center within 100 miles of my residence.

Candidate's Signature: \_\_\_\_\_

## MAT Alternative Test Administrator's Information (Print Clearly)

Name: \_\_\_\_\_  
Last First MI

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Country: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_