

## 2013-14 TOEFL IBT REGISTRATION FORM

Register online at www.ets.org/toefl. It's fast and easy!

This form can be downloaded at www.ets.org/toefl.

If paying by electronic check (e-check), **DO NOT** complete this form. Register online at **www.ets.org/toefl**, call 1-443-751-4862 or 1-800-GO-TOEFL (within the United States, U.S. Territories\*, or Canada), or call the Regional Registration Center (RRC) that services the country where you plan to test. See **www.ets.org/toefl/ibt/contact** for more information.

Completing this form and submitting payment will register you for the TOEFL iBT test. All information requested must be complete or your form will be returned. This form must be received at ETS at least four weeks before your earliest test date choice.

Note: Be sure to complete all four pages and, if necessary, staple the completed form before mailing.

- Print all information clearly. Be sure to enter your name exactly as it is shown on your primary identification document.
- Use black or blue ink.
- If you are testing outside the United States, U.S. Territories\*, and Canada, mail the completed form and payment to the RRC that services the country where you plan to test.
- \* American Samoa, Guam, Puerto Rico, and U.S. Virgin Islands

 If testing in the United States,
 U.S. Territories\*, and Canada, mail the completed registration form and payment to:

PO Box 6151
Princeton, NJ 08541-6151 USA

 Test takers requesting testing accommodations: You must complete and submit this form to ETS Disability Services. To get further information about requesting testing accommodations, use one of the communication methods listed on page 5 of this Bulletin or go to www.ets.org/disability.

f you have previously taken an ETS iE pirth, and registration number below.	3T-delivered test, please indicate your name, test date, date of
Name:	Test Date:

\_\_\_\_\_ Registration Number: \_\_\_\_\_



## **TOEFL iBT® Registration Form** (continued) 2013-14 All required fields must be completed, or your form will be returned. Required fields are noted with an asterisk (\*). **\* Last (Family/Surname) Name** (as on photo ID): \* First (Given) Name (as on photo ID): Middle Name or Middle Initial (as on photo ID): \* Address Line 1: Address Line 2: Address Line 3: Address Line 4: \* City: \* State or Province: \* Code for Country of Citizenship (refer to Bulletin): \* ZIP or Postal Code: \* Country Code for this Mailing Address (refer to Bulletin): \* Native Country Code (refer to Bulletin): \* Date of Birth: \* Native Language Code (refer to Bulletin): Gender: Year Male **Female** Month Day Identification Document to be presented on test day: \_ **Number on Identification Document: Country Listed on Identification Document:** \* Primary Phone Number (include area code, country code, or city code): Secondary Phone Number (include area code, country code, or city code): \* Email Address:

<b>TEST LOCATION</b> Choose two test locations in order of preference. Print the city name and country name for each choice For locations and city codes, see the Test Center and Institution Code list in the Test Takers section of the TOEFL website at <b>www.ets.org/toefl</b> .		
* First Choice City	Code:	
City Name:		
Country Name:		
* Second Choice Ci	ty Code:	
City Name:		
Country Name: _		
the TOEFL web	dates in order of preference. For testing dates, see the Test Takers section of site at <a href="https://www.ets.org/toefl">www.ets.org/toefl</a> . Please note that testing start times vary. This form dat ETS at least four weeks before your earliest test date choice.  of the Year DD: Day of the Month YY: Year  MM DD YY  Third Choice: MM DD YY  M	
Second Choice:	Fourth Choice:	
	d test date(s) cannot be accommodated, you will be scheduled for the next available you check the box below.	
Do not reso	chedule me, please return my payment.	
Using the Test C where you would Enter a departm	RE REPORT RECIPIENTS Center and Institution Code list on the TOEFL website at www.ets.org/toefl, indicate d like your official score reports sent. The Department Code list is also in the Bulletin. ent code only if you are applying for graduate study. If you are not applying for you must fill in 00 as the department code for each institution or agency you list.	
1. Score Report Re	Institution Department Institution Department ecipient: 3. Score Report Recipient:	
2. Score Report Re	Institution Department Institution Department  4. Score Report Recipient:	

**2013-14** TOEFL iBT® Registration Form (continued)

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

201' -% """ TOEFL iBT® Registration Form (continued)	Name:
TEST FEES	
The TOEFL iBT test fee varies by country. To find out what the select "Register for the Test," and choose your test location.  Fees are subject to change without notice.	
TOEFL iBT test fee	\$
Add Value-Added or similar taxes where applicable	 \$
TOTAL AMOUNT DUE (DO NOT SEND CASH)	\$
PAYMENT (Information about payment policies is in the Bulle	etin.)
Payment type: (check one) Credit/Debit Card*	Check Euro Check Money Order
If paying by credit/debit card, indicate which card you are using cardholder's name in the spaces below. Your card will be bille branded with one of the five accepted credit card logos can be SEND IT TO ETS-TOEFL, PO BOX 6151, PRINCETON NJ 0	ed for all services you request on this form. Any debit/check card be used.
American Express® Discover®	JCB®
Credit/Debit Card Number	Expiration Date
Name on Credit/Debit Card	Month Year
check to make a one-time electronic debit from your account	additional service fee of US\$20 will be added to your account.
Please write, DO NOT PRINT, the following statement and I hereby agree to the conditions set forth in the 201HFI Info	rmation and Registration Bulletin, specifically
I certify that I am the person who will take the test and whos	
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Thank you for registering to take the TOEFL iBT test. Confirmation of this registration will be sent to your email address. Do NOT send your registration form more than once. This will help avoid extra processing by TOEFL Services and unnecessary charges to you.