



Application for Additional Test Report Forms

An Asterisk (*) denotes required information. Please type or print legibly.

Candidate Information	
*Family Name:	<input type="text"/>
*First Name(s):	<input type="text"/>
*Address:	<input type="text" value="Apt."/> <input type="text" value="Street"/>
	<input type="text" value="City"/> <input type="text" value="Province/State"/> <input type="text" value="Postal Code/Zipcode"/>
*Tel. No:	<input type="text"/>
*Email:	<input type="text"/>
*Date of Birth:	<input type="text"/>
*Passport or PR Card Number:	<input type="text"/> (this document must be shown before a TRF can be issued)

Test Information	
Centre Number:	<input type="text" value="CA050"/>
Centre name:	<input type="text" value="Global Village Vancouver"/>
Candidate Number:	<input type="text"/>
Location:	<input type="text"/>
*Test Date:	<input type="text"/>

Institution Information	
A Name of Person/Department:	<input type="text"/>
Name of College/University/Organization:	<input type="text"/>
Address of Institution:	<input type="text" value="Suite"/> <input type="text" value="Street"/>
	<input type="text" value="City"/> <input type="text" value="Province/State"/> <input type="text" value="Postal Code/Zipcode"/>
Application/Student Number:	<input type="text"/>
Courier Required:	Yes <small>Courier to Canada</small> Yes <small>Courier to USA</small> Yes <small>Courier Internation</small> No <small>Electronic or Canada Post</small>
B Name of Person/Department:	<input type="text"/>
Name of College/University/Organization:	<input type="text"/>
Address of Institution:	<input type="text" value="Suite"/> <input type="text" value="Street"/>
	<input type="text" value="City"/> <input type="text" value="Province/State"/> <input type="text" value="Postal Code/Zipcode"/>
Application/Student Number:	<input type="text"/>
Courier Required:	Yes <small>Courier to Canada</small> Yes <small>Courier to USA</small> Yes <small>Courier Internation</small> No <small>Electronic or Canada Post</small>

Institution Information cont.				
C	Name of Person/Department:	<input type="text"/>		
	Name of College/University/Organization:	<input type="text"/>		
	Address of Institution:	Suite	Street	
		City	Province/State	Postal Code/Zipcode
		Application/Student Number: <input type="text"/>		
	Courier Required:	Yes <small>Courier to Canada</small>	Yes <small>Courier to USA</small>	Yes <small>Courier Internation</small>
D	Name of Person/Department:	<input type="text"/>		
	Name of College/University/Organization:	<input type="text"/>		
	Address of Institution:	Suite	Street	
		City	Province/State	Postal Code/Zipcode
		Application/Student Number: <input type="text"/>		
	Courier Required:	Yes <small>Courier to Canada</small>	Yes <small>Courier to USA</small>	Yes <small>Courier Internation</small>
E	Name of Person/Department:	<input type="text"/>		
	Name of College/University/Organization:	<input type="text"/>		
	Address of Institution:	Suite	Street	
		City	Province/State	Postal Code/Zipcode
		Application/Student Number: <input type="text"/>		
	Courier Required:	Yes <small>Courier to Canada</small>	Yes <small>Courier to USA</small>	Yes <small>Courier Internation</small>
F	Name of Person/Department:	<input type="text"/>		
	Name of College/University/Organization:	<input type="text"/>		
	Address of Institution:	Suite	Street	
		City	Province/State	Postal Code/Zipcode
		Application/Student Number: <input type="text"/>		
	Courier Required:	Yes <small>Courier to Canada</small>	Yes <small>Courier to USA</small>	Yes <small>Courier Internation</small>

I will use my own credit card

*Complete the Credit Card Authorization from below

Someone else will pay for me

*Download and complete a different Credit Card Authorization form.

Credit Card Payment Authorization Form

Postage: Test Report Forms			
	Price	Quantity	Total
Test Results Form			\$
includes tax		Total	\$

Optional Courier Fee: Test Report Forms			
	Price	Quantity	Total
Canada			\$
United States of America			\$
International			\$
includes tax		Total	\$

Total	\$
--------------	----

Card Holder's Name: *Family Name:

*First Name(s):

*Credit Card: **MasterCard** **Visa**

*Credit Card Number: *Expiry Date:

I certify that the information on this form is complete and accurate to the best of my knowledge and authorize the IELTS Test Partners to forward a copy of my TRF to the department(s) or institution(s) listed above.

I authorize Global Village English Centres - Vancouver to charge \$ _____ CDN to my credit card.

*Digital or handwritten Signature of Card Holder: *Date:

Clear Entire Form

Clear Institution Information

Clear Credit Card Information

For Office Use Only:					
Received:		Receipt No:		Initial:	
Sent:		Administrator:			
Courier					
Tracking Number A:		Tracking Number B:			
Tracking Number C:		Tracking Number D:			
Tracking Number E:		Tracking Number F:			