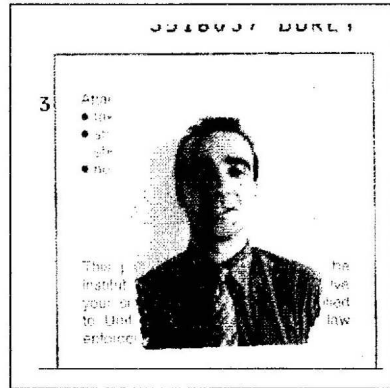


ETS TOEFL PAPER-BASED TEST EXAMINEE'S SCORE RECORD

TEST OF ENGLISH AS A FOREIGN LANGUAGE			
61	67	65	643
SECTION 1	SECTION 2	SECTION 3	TOTAL SCORE
TOEFL SCALE SCORES			
TEST OF WRITTEN ENGLISH			
			5.0
			TWE SCORE

3516037 REGISTRATION NUMBER	DOREY LAURENT NAME (Family or Surname, Given, Middle)		
MAY 08 Month Year TEST DATE	XXXX XXXX XXXX XXXX INST. CODE	XX XX XX XX DEPT. CODE	01/14/70 M Month/Day/Year DATE OF BIRTH SEX
M610 CENTER NUMBER	XXXX SPONSOR CODE		FRANCE NATIVE COUNTRY
		FRENCH NATIVE LANGUAGE	
		2	5 0
		REASON FOR TAKING TOEFL	TOEFL TAKEN BEFORE
		DEGREE	



EXAMINEE'S ADDRESS:

4883 M610 3516037
DOREY LAURENT
OESTERBRO 47A, 2TV

AALBORG 9000
DENMARK

YOUR SIGNATURE	
NAME OF COUNTRY ISSUING PASSPORT OR IDENTIFICATION	France
NUMBER ON IDENTIFICATION DOCUMENT	03KB 67286

This document contains security features, such as visible fibers and a watermark.

Before completing the Score Report Request Form, read the directions on the back.

<p>Effective July 1, 2005</p> <p>SCORE REPORT REQUEST FORM (INCLUDING TWE SCORE)</p> <p>Scores more than two years old cannot be reported or verified.</p>	Check if paying by <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> JCB <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA and enter your card number and expiration date.	Check the appropriate box to show the number of reports you are requesting.	Amount Due in US Dollars																							
	<input type="text"/>	Mailed two weeks after receipt of request by TOEFL, or after scores become available.	<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>\$17</td><td>\$34</td><td>\$51</td><td>\$68</td></tr> <tr> <td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>\$85</td><td>\$102</td><td>\$119</td><td>\$136</td></tr> </table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$17	\$34	\$51	\$68	5	6	7	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$85	\$102	\$119
1	2	3	4																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
\$17	\$34	\$51	\$68																							
5	6	7	8																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
\$85	\$102	\$119	\$136																							

3516037 REGISTRATION NUMBER	DOREY LAURENT NAME: Family name (surname), given name, middle name	01/14/70 Month/Day/Year DATE OF BIRTH	MAY 08 Month Year TEST DATE	M610 CENTER NUMBER	ETS USE ONLY
INSTITUTION	ADDRESS	INSTITUTION CODE	NAME OF DEPARTMENT	DEPT. CODE	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

I authorize ETS to release my TOEFL and TWE scores, under the conditions set forth in the *Information and Registration Bulletin* for TOEFL paper-based and computer-based testing, to the institutions designated above.

YOUR SIGNATURE _____ DATE _____

If your mailing address has changed since the test date indicated above, print your name and new address in the boxes provided. Use English letters. Leave a blank box after each complete number or word. Leave blank if there are no changes.

Print your family name (surname), given name, then middle name if you have one. Leave a blank box between names.

NAME

MAILING OR STREET ADDRESS

CITY, STATE, OR PROVINCE

ZIP/POSTAL CODE

COUNTRY