



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="ILAC IELTS 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: <input type="checkbox"/> Yes <small>Courier to Canada</small> <input type="checkbox"/> Yes <small>Courier to USA</small> <input type="checkbox"/> Yes <small>Courier Internation</small> <input type="checkbox"/> 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: <input type="checkbox"/> Yes <small>Courier to Canada</small> <input type="checkbox"/> Yes <small>Courier to USA</small> <input type="checkbox"/> Yes <small>Courier Internation</small> <input type="checkbox"/> No <small>Electronic or Canada Post</small>

Institution Information <i>cont.</i>				
C	Name of Person/Department:	<input type="text"/>		
	Name of College/University/Organization:	<input type="text"/>		
	Address of Institution:	Suite	<input type="text"/>	
		Street	<input type="text"/>	
		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>	No <small>Electronic or Canada Post</small>
D	Name of Person/Department:	<input type="text"/>		
	Name of College/University/Organization:	<input type="text"/>		
	Address of Institution:	Suite	<input type="text"/>	
		Street	<input type="text"/>	
		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>	No <small>Electronic or Canada Post</small>
E	Name of Person/Department:	<input type="text"/>		
	Name of College/University/Organization:	<input type="text"/>		
	Address of Institution:	Suite	<input type="text"/>	
		Street	<input type="text"/>	
		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>	No <small>Electronic or Canada Post</small>
F	Name of Person/Department:	<input type="text"/>		
	Name of College/University/Organization:	<input type="text"/>		
	Address of Institution:	Suite	<input type="text"/>	
		Street	<input type="text"/>	
		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>	No <small>Electronic or Canada Post</small>

Additional Test Report Forms are subject to a **\$20.00 CAD** administration and processing fee (+5% tax) **Please also complete the TRF Payment Form**, unless instructed otherwise by a member of staff.



Candidate First Name:

Candidate Last Name:

E-mail:

Additional Test Report Form (TRF)

For requesting additional results to be sent to your home address or an academic institution of your choice

	Price	Quantity	Total
TRF/Results			
Tax @ 5%			
Total			

Card Holder's First Name:

Card Holder's Last Name:

Card Holder's Address + Postal Code:

Credit Card:

MasterCard

Visa

Credit Card Number:

Expiry Date:

I authorize ILAC to charge

to the above credit card.

CVV:

Card Holder's Signature: _____

Date: _____

For Office Use Only

Receipt No.:

Date:

Administrator: