



## GEORGIA PROFESSIONAL STANDARDS COMMISSION

EDUCATOR PREPARATION DIVISION, ASSESSMENT

200 Piedmont Avenue SE, Suite 1716 W, Atlanta, Georgia 30334-9032

SMTR@gapsc.com

### REQUEST FOR STATE MAINTAINED TESTING RECORDS

PRIOR TO SUBMITTING THIS FORM, REVIEW ALL INFORMATION AND INSTRUCTIONS AT

[HTTPS://WWW.GAPSC.COM/EDUCATORPREPARATION/ASSESSMENT/TESTSCOREREQUEST.ASPX](https://www.gapsc.com/EducatorPreparation/Assessment/TestScoreRequest.aspx)

The Georgia Professional Standards Commission (GaPSC), as a courtesy to the state's educators, can provide certain official test score information for those assessments whose scores are otherwise not retrievable. **The only scores available from the GaPSC** are the **Teacher Certification Test (TCT)** and **Georgia Paraprofessional** assessments (state-administered Paraprofessional assessment in 2002 only); and **Praxis I and Praxis II** assessments taken on or prior to September 1, 2006. **The GaPSC does not provide GACE scores.** All assessments after September 1, 2006, are GACE assessments and duplicate score reports must be obtained directly from the testing suppliers.<sup>1</sup>

The GaPSC does not charge for the retrieval, validation, or mailing of the score documentation. Every effort is made to process requests within 10-15 working days from receipt of the request until the documents leave our office. Scores will be **sent to the examinee only**.

This score request form can be emailed to [SMTR@gapsc.com](mailto:SMTR@gapsc.com) or mailed to GaPSC, c/o Assessment, 200 Piedmont Avenue, Suite 1716, Atlanta, Georgia 30334-9032. Score reports cannot be emailed. Direct inquiries to [SMTR@GaPSC.com](mailto:SMTR@GaPSC.com).

**Emailed forms must be attached to the email; not embedded as a photo.**

**ALL FIELDS REQUIRED. REQUEST CANNOT BE PROCESSED WITH BLANKS.**

**\*FIELDS MUST MATCH CERTIFICATION RECORD. UPDATE VIA MyPSC IF NEEDED.**

\*EXAMINEE NAME (current): \_\_\_\_\_ DATE: \_\_\_\_\_

NAME USED AT TEST REGISTRATION (if different): \_\_\_\_\_

\*STREET ADDRESS: \_\_\_\_\_

\*CITY: \_\_\_\_\_ \*STATE: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

\*CERTIFICATION ID NUMBER <sup>2, 3</sup>: \_\_\_\_\_ \*Last four of SSN<sup>2</sup>: \_\_\_\_\_

\*EMAIL (for contact only): \_\_\_\_\_ \*DAYTIME PHONE: \_\_\_\_\_

SERIES TAKEN:  TCT (1978-1997)

Georgia Paraprofessional (state-administered Paraprofessional assessment in 2002 only)

Praxis I  Praxis II (for assessments taken on or prior to September 1, 2006)

I understand the responsibility for obtaining these documents and the information contained therein remains with me, the requestor. I also understand the GaPSC will use due diligence to safeguard my personal information. I agree the GaPSC is not responsible for this information outside of its offices when mailed to my address of record. I understand the GaPSC will not, under any circumstances, email testing records.

By signing below, I release the State of Georgia, the GaPSC, its staff, and Commissioners from any and all liability, direct or indirect, related to this form, the information contained herein, the method of delivery, or the testing records.

\_\_\_\_\_  
**Signature (eSignature not accepted)**

\_\_\_\_\_  
**Date**

<sup>1</sup> See <http://www.gapsc.com/EducatorPreparation/Assessment/testScoreRequest.aspx> for information on contacting testing suppliers

<sup>2</sup> Required to verify identification and to access scores; cannot be processed if blank

<sup>3</sup> Certification numbers can be looked up at <http://www.gapsc.com/Certification/Lookup.aspx> or by logging into your <https://mypsc.gapsc.org/> account.

<sup>4</sup> Requestor assumes responsibility for security of requested information, faxed or mailed