2013-14 Computer-based *GRE*® revised General Test Authorization Voucher Request Form

Use this form ONLY if you are paying with a fee reduction certificate, if you are a test taker with a disability or health-related needs and are requesting testing accommodations or if you are paying with a payment method other than credit/debit card. Otherwise, register online at ***www.ets.org/mygre***.

- Print all information clearly using black ink.
- **Test Takers with Disabilities or Health-Related Needs:** Complete this form and follow the instructions in the *Bulletin Supplement for Test Takers with Disabilities or Health-Related Needs* at ***www.ets.org/gre/disabilities***.
- Do NOT fax this form if you are paying with a fee reduction certificate or a payment method other than credit/debit card.

If paying by credit/debit card, mail to:
ETS–GRE
PO Box 6000
Princeton, NJ 08541-6000

If paying by any other payment method, mail to:
ETS–CBT/GRE
Box 371859
Pittsburgh, PA 15250-7859

***Required Field**

***First (Given) Name** (as on photo ID document): **Middle Initial:**

***Last (Family/Surname) Name** (as on photo ID document):

***Address Line 1:**

Address Line 2:

***City:**

***State or Province:**

***Primary Phone** (Include Area Code): – –

ZIP or Postal Code:

Alternate Phone (Include Area Code): – –

***Country Code:** **(Refer to *Bulletin*)**

U.S. Social Security Number: – –

Email Address:

***Date of Birth (MM-DD-YYYY):** – –

Remittance Amount Enclosed: _____

NOTE: DO NOT SEND CASH. Certified checks, money orders, and personal checks must be payable to **ETS-GRE/CBT**. See pages 13–15 of the *Bulletin*.

Computer-based *GRE*® revised General Test Fee

US$195 – Worldwide

Fees are subject to change without notice. The above amounts are exclusive of the Value Added or similar taxes set out in the information about taxes (PDF) contained on our website at ***www.ets.org/gre/fees***, in which case those taxes are payable in addition to the amount quoted.

By sending your check to us, you authorize ETS to convert the check into an electronic fund transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment and you will no longer receive a canceled check. If you do not have sufficient funds in your account, an additional service fee of US$20 will be added to your account.

ETS USE ONLY
FR____ H____

American Express® Discover® JCB®
MasterCard® VISA®

Expiration Date: – (MM–YY)

Card Holder Name:

I hereby agree to the conditions set forth in the 2013-14 *GRE Bulletin,* specifically those concerning test administration, payment of fees, the reporting of scores and the confidentiality of test questions. I certify that I am the person who will take the test at the center and whose name and address appear on this form.

Signature: _____ **Date:** _____

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This form can be downloaded at www.ets.org/gre/bulletinandforms.