



## CREDIT CARD AUTHORIZATION FOR SENDING TEST RESULTS TO ADDITIONAL INSTITUTIONS

As part of the registration fee, the CAEL Assessment Office forwards Score Reports to two institutions as stipulated within our online registration form.

If you wish to have your Score Report sent to additional institutions, complete the following form. If you require distribution to more than four institutions, please complete a second form.

Note that there is a **\$10.00** CDN fee per Score Report requested.

This is to authorize the CAEL Assessment Office to charge (choose one) the following amount to request a copy of my CAEL Score Report be forwarded to the institution(s) indicated below:

\$10.00 **or**  \$20.00 **or**  \$30.00 **or**  \$40.00

### Test Taker Information:

Last Name	First Name	CAEL I.D. #

### Credit Card Information:

Visa                       MasterCard

(Print name as it appears on the card)	(Signature)
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(Credit Card Number)	/
	(Expiry Date)

**#1 Mailing Address of Institution:**

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(Contact Person & Institution)

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(Street Address)

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(City) (Province)

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(Postal Code) (STUDENT #)

**#2 Mailing Address of Institution:**

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(Contact Person & Institution)

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(Street Address)

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(City) (Province)

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(Postal Code) (STUDENT #)

**#3 Mailing Address of Institution:**

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(Contact Person & Institution)

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(Street Address)

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(City) (Province)

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(Postal Code) (STUDENT #)

**#4 Mailing Address of Institution:**

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(Contact Person & Institution)

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(Street Address)

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(City) (Province)

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(Postal Code) (STUDENT #)

**CAEL Assessment Office**

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