McKay School of Education Education Student Services

Release of Information: Praxis II Test Scores

(Please fill in form & then print)					
First Name	Middle Name		Last Name		
Maiden Name	Student BYU ID # (9 digits)		Phone #		
Street Address		City	State	Zip	
Email		_			
Major	Minor	Graduation Date			
How would you like to rec	eive your Praxis II Test Sco	ores (check on	e):		
Name of person picking up for Please fax my Praxis II Test	·				
Name of person mail is being	sent to:				
Street Address		City	State	Zip	
Street Address Please email my Praxis II Te	st Scores to the following:	City	State	Zip	
Please email my Praxis II Te	est Scores to the following:	·	State	Zip	
Please email my Praxis II Te Email address:			_	Zip	

Please attach this page as a cover letter to the Institutional Recommendation Form and mail, fax, or hand deliver to: