

1		Family Name:
2		Dr Mr Mrs Miss Ms
3		Other name/s:
(These names must be the same as the names on your national identity document / passport.)		
4		Address for correspondence:
_		
5		Tel. No: Mobile No:
6		email:
7	D	ate of Birth: / / (day / month / year) Sex: F M
8		ID Type: Passport National ID Card
_		ID Document Number: (This document must be shown before a TRF can be issued.)
9		Most recent test details:
		Centre Number: CA148 Candidate Number:
		Date: / / (day / month / year)
		Centre Name: Kaplan IELTS Test Centre
10	PI	ease give details below of where you would like your results sent to:
	а	Name of Person / Department:
		Name of College / University / Organisation:
		Address:
		Delivery choice For Test Report Forms That Cannot Be Sent Electronically
	b	Name of Person / Department:
		Name of College / University / Institution:
		Address:
		Delivery choice For Test Report Forms That Cannot Be Sent Electronically
l certi	ifv th	at the information on this form is complete and accurate to the best of my knowledge and authorise the IELTS Test
Partners to forward a copy of my TRF to the department/s or institution/s listed above.		
Signa	ature	Date: / / (day / month / year)
Delivery Options For Test Report Forms That Cannot Be Sent Electronically		
• S	ome	organizations receive results electronically and some do not. Electronic delivery is free and instant.
		Free Delivery Express Delivery (additional cost) Regular mail no tracking 1-2 weeks or more (1-4 days worldwide, online tracking, price)
		Regular mail, no tracking, 1-2 weeks or more (1-4 days worldwide, online tracking, price varies by speed of service and destination)

You must attach a copy of your test day ID document with this form