# Application for the Issue of Additional TEST REPORT FORM

**Full Name:** ……..
(These names must be the same as the names on your national identity document / passport)

**Mobile / Land line numbers:** ……..

**E-mail:** ……..

**Date of Birth:** ……..

**ID Document Type and Number:** ……..

**Test Date:** / / (day / month / year) **Candidate Number:** .....

***Please give details below of where you would like your results sent to:***

1. **Institution name:** ……
   **Name of Person / Department and phone number:** ……
   **File number** (if applicable): ……
   **Address** (no PO box): ……..
   ……..
2. **Institution name:** ……
   **Name of Person / Department and phone number:** ……..
   **File number** (if applicable): ……
   **Address** (no PO box): ……..
   ……..
3. **Institution name:** ……
   **Name of Person / Department and phone number:** ……..
   **File number** (if applicable): ……
   **Address** (no PO box): ……..
   ……..

***I certify that 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 or institution/s listed above.***

**Signature:** …… **Date:** / / (day / month / year)

**Contact us:**
**British Council**, Calea Dorobantilor 14
Bucuresti 010572, Romania
Telephone (+40 21) 307 96 00
E-mail ielts@britishcouncil.ro