



## 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:**  
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