



GRE® GENERAL TEST SCORE INQUIRY FORM

SUBMITTING INSTITUTION

Today's Date*

Institution's Name*

Primary Contact's First Name*

Primary Contact's Last Name*

Primary Contact's Title or Position*

Primary Contact's Phone No./Email Address*

City*

Secondary Contact's Name/Phone No./Email Address*

State/Province/Country*

QUESTIONED TEST RESULTS

Test Taker's First Name*

Test Taker's Last Name*

Appointment No. (16 digits)*

Date of Birth*

Questioned Test Administration

Test Date*

Test Scores

Verbal Reasoning	Quantitative Reasoning	Analytical Writing

*Required Information

REASON FOR QUESTIONING TEST SCORES

Select all that apply

Scores not in line with the test taker's observed verbal proficiency

Personal Information and/or photo discrepancy

Scores do not correlate with other standardized assessment results

Unusual score change in one or more sections

Scores do not correlate with the test taker's academic performance

Other (Please specify in the box below)

If "Other," or to elaborate, please use this box to explain: