



# TOEIC® Rescoring Request Form

Please PRINT CLEARLY all information requested below:

<b>Candidate Information</b>			
Code			
Last/Family Name			
First Name			
Father's Name			
Date of Birth			
Mailing Address			
City		Postal Code:	
Email Address			
Telephone		Mobile:	
Test Location:		Test Date:	
Date of Request:		Signature:	

**Rescoring Fee** The fee for this service is 35€. This must be deposited at the **Alpha Bank**.  
The bank account number is **441-00-2002-000221**,  
(IBAN: GR4401404410441002002000221).  
If the rescore is higher than the initial score, rescoring fees will be refunded.  
*In the case of interbank transfers, any expenses are born by the customer and not the Hellenic American Union. For this reason, please select "Expenses OUR" and not "Expenses SHA"*

**Submit your Rescoring Request Form** There are **three alternative ways** to submit your Rescoring Request Form along with the deposit slip from the bank:  
1. **fax** it to the following number: 210 3634200.  
2. **email** it to: exams@hau.gr  
3. or **mail** it to: Hellenic American Union, Massalias 22, 106 80 Athens.

**Results** Processing of your request will take approximately 2 weeks. The results will be mailed to you at the address you specified above.

**Rescoring Period** The rescoring request should be submitted up to 30 calendar days after the announcement of the results.

**Upon signing of this document, I hereby:**

- Request rescoring of candidate's exams, as per above.
- Confirm that the above information is accurate and correct.
- Confirm that the candidate is made aware of and complies with the examination regulations of the Hellenic American Union Center for Examinations and Certifications and undertakes the responsibility to comply with the specific regulations. Examination regulations have been made publicly available at <http://www.hau.gr/?i=examinations.en.examination-regulations>. Any questions on the regulations should be addressed to the Hellenic American Union Center for Examinations and Certifications.
- Confirm that I am aware of the processing of personal data by the Hellenic American Union (<https://www.hau.gr/el-gr/prosopika-dedomena/summetexontes-se-eksetaseis>) and by Educational Testing Service (<https://www.ets.org/legal/privacy>)

Candidate's name - Parent's/Guardian's name: ..... Date: ..... Signature:.....  
Please sign to validate the application