



FY2025  
TOEFL ITP®  
TEST TAKER REQUEST FORM



**INSTRUCTIONS:** Complete this 'form' and submit it to [bkktesting@iie.org](mailto:bkktesting@iie.org) along with a copy of your <sup>2</sup>Thai Citizenship ID Card / Passport ID and <sup>3</sup>proof of payment. \*A mobile screenshot of the money transferred is acceptable as proof of payment.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Full Name)

**SHIPPING INFORMATION**

Address Line: \_\_\_\_\_  
Sub-District: \_\_\_\_\_ District: \_\_\_\_\_ Province: \_\_\_\_\_  
Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
(5-digits) E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_



**IMPORTANT:** After receiving confirmation of your request, the process may take up to 2 business days and shipping will take up between 1 to 3 days.

**SCORE REPORT / CERTIFICATE REQUEST**

[!] TOEFL ITP score results are valid for 2 years. You will not receive any score reports if the results are expired. [!]

NAME (FIRST NAME – SURNAME)	DATE OF BIRTH (MO. / DAY / YEAR)	SEX (Select only one.) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	TYPE OF TEST (Select only one.) <input type="checkbox"/> LEVEL 1 (TOEFL-ITP) <input type="checkbox"/> LEVEL 2 (PRE-TOEFL) <input type="checkbox"/> LEVEL 1 (TOEFL-ITP DIGITAL) <input type="checkbox"/> LEVEL 2 (PRE-TOEFL DIGITAL)	TEST DATE (MO. / DAY / YEAR)
_____	_____	_____	_____	_____
PLACE OF TESTING	(NAME OF SCHOOL / INSTITUTION / TEST CENTER)		YOUR TOTAL SCORE	(Required)
<input type="checkbox"/> Score Report – 500.00 THB		<input type="checkbox"/> Certificate – 700.00 THB		

**PAID TEST PREP**

Official Guide to the TOEFL ITP® Test	TOEFL ITP® Level 1 Practice Tests, Volume 1	TOEFL ITP® Level 1 Practice Tests, Volume 2	TOEFL ITP® Level 2 Practice Test, Volume 1
700.00 THB	630.00 THB	630.00 THB	630.00 THB
Quantity: _____	Quantity: _____	Quantity: _____	Quantity: _____

(Does not include test prep for the TOEFL ITP Speaking test.)

Please review all information before submitting. All payments made are NON-REFUNDABLE.

**PAYMENT**

BANK BRANCH:	SIAM COMMERCIAL BANK (SCB) PHLOENCHIT	ACCOUNT NAME:	INSTITUTION OF INTERNATIONAL EDUCATION INC.
		ACCOUNT NUMBER:	059-3-03252-4
		ACCOUNT TYPE:	CURRENT

\_\_\_\_\_  
(Signature of Approval)

\_\_\_\_\_  
(Date Signed)