

GRE® SCORE REPORTING ORDER FORM for The Centralized Application Service for Nursing Programs (NursingCAS) Member Institutions

ETS now allows NursingCAS to receive official *Graduate Record Examinations*[®] (*GRE*[®]) scores via *SCORELINK*[®] Internet Delivery of Scores. To participate in this NursingCAS option, complete the Score Reporting Order Form and return it to ETS. Once ETS receives and processes the completed form, applicants can send their GRE scores to your program through NursingCAS. ETS will send you a letter or email with your Designated Institution (DI) code within approximately ten days after receiving your completed form.

Educational Testing Service (ETS) reserves the right, at its sole discretion, to grant or revoke a DI (as such term is defined below) based on eligibility requirements or for any other reason, and to make exceptions to its policy, under special circumstances.

When GRE candidates select your institution as a score recipient during registration, on the day of their test or for a period of five (5) years after their test date, their scores will be sent directly to the "Authorized Score Recipient and Reporting Address" you designate below on this form.

Appropriate Use of GRE Scores

GRE score recipients may use GRE score data for purposes of evaluating applicants to (1) graduate programs and (2) graduate fellowship/scholarship programs. GRE score recipients may not, without the express, prior, written consent of ETS, use GRE score data for any other purpose, or copy, release, provide access to or otherwise disclose GRE score data to anyone except individuals within their particular organization having a need to know.

By applying to ETS for a DI code, you acknowledge that ETS is, and at all times shall remain, the owner of all GRE score data and that your Institution does not have, nor will it acquire, any right in and to the GRE score data by virtue of receiving a DI code. ETS reserves the right to monitor access to and use of the GRE score data by all GRE score recipients.

ETS publishes a list of official GRE score recipients in the GRE testing package for the computer-delivered *GRE*[®] General Test, which is updated on a regular basis, and in the GRE Institutions and Fellowship Sponsors Approved to Receive GRE Scores list at *www.ets.org/gre/bulletinandforms*, which is updated once per month. No personally identifiable information is published.

Directions for Completing the Order Form

- Step 1: Complete sections A through C.
- Step 2: If you would like your institution to receive GRE scores in addition to having them sent to the Centralized Application Service (CAS), complete sections D, E, and F to indicate how you would like to receive the scores.
- Step 3: If your institution will be receiving paper score reports and/or SCORELINK Internet Delivery of Scores, complete the payment information in section G.
- **Step 4:** Complete the Lead Administrator information and sign the bottom of the form confirming that the information you have provided is true and accurate.
- Step 5: Return the completed form to ETS Code Control by FAX at 1-973-735-0392, by sending a scanned copy to cas@ets.org or by mail to ETS Mailstop 25Q, Princeton NJ 08541.

If you have any questions, please contact ETS Code Control by phone at 1-609-771-7091 or email at cas@ets.org.

Α	YOUR INSTITUTION MAILING ADDRESS				
	Institution Name				
	Address 1				
	Address 2				
	City/State/Zip				

B Does your program currently have its ov Institution Code, not shared by other pr Yes No Institution Code (if yes)	ns?	
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D	SCORES ONLINE THROUGH ETS Data Manager (Free)	G PAYMENT INFORMATION			
	Scores are reported two times per week.	Check/PO Enclosed Visa			
	Indicate YES or NO	MasterCard DJCB			
	🖸 Yes 🖸 No	Card #			
Ε	PAPER SCORE REPORTS (\$300 annually)	Expiration Date			
	Scores are reported two times per week.				
	Indicate YES or NO	Print Name			
	🖸 Yes 🖸 No	Purchase Order #			
F	SCORELINK [®] Internet Delivery of scores, not available to new score users (\$300 annually)	Billing Address			
	Scores are reported two times per week.				
	Indicate YES or NO				
	🖸 Yes 🛛 No				

LEAD ADMINISTRATOR

Your Name (please print)	 	
Title		
Phone		
Fax		
Email		

I confirm that the information provided above is true and accurate.

Authorized Signature

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