

Test Authorization Voucher Request Form

*praxis[®] school leadership series

If you would like to pay for your test registration with a credit/debit card or PayPal®, and are not requesting testing accommodations, you do not need to fill out this form. You may register online.

☐ Check here if you are requesting testing accommodations.

PLEASE PRINT ALL INFORMATION CALLED FOR BELOW.

NAME: Print your last name, first name, and middle initial.														
Last Name – first 15 letters														
First Name – first 10 letters														
M.I.														
MAILING ADDRESS: Number and Street (include apartment number)														
City														
State														
ZIP Code (U.S. only)														
Country Code (Outside U.S. & P.R. only)														
EMAIL ADDRESS														
DATE OF BIRTH														
19__														
Month Day Year														
SOCIAL SECURITY NUMBER														
– –														
DAYTIME TELEPHONE NUMBER														
– –														
Candidate ID (if known)														

PREFERRED TEST DATE _____ PREFERRED TEST LOCATION _____

SLS TEST FEES Please check the appropriate box for the test(s) you are planning to take

- ☐ \$425 School Leaders Licensure Assessment
- ☐ \$350 School Superintendent Assessment
- ☐ \$120 Connecticut Administrator Test

PAYMENT Please pay online or by phone with a credit card. **Do not send cash.** If you are requesting an accommodation do not send your payment with this form. You can pay online after your accommodation has been approved.

IMPORTANT NOTE: If you are requesting testing accommodations and are emailing your documents, do not include credit card information on this registration form. Once your application has been received, you will be sent an email with instructions regarding payment.

Please write, DO NOT PRINT, the following statement.

- ☐ I hereby agree to the conditions set forth in the 2025–26 *School Leadership Series Assessment Information Bulletin*, specifically those concerning test administration, payment of fees, the reporting of scores, and the confidentiality of test questions. I certify that I am the person who will take the test at the center and whose name and address appear on this form.

Signature: _____ Date: _____