McKay School of Education

Education Advisement Center

Release of Information: Praxis Test

(Please fill in form & then print)

First Name	Middle Name	Last Name
Maiden Name	Student BYU ID # (9 digits)	Phone #

Street Address _____ City _____ State _____ Zip _____

Email _____

Major	Minor	Graduation Date

How would you like to receive your Praxis Test Scores (check one):

☐ **I will pick up my Praxis Test Scores (A picture ID must be provided at time of pick-up.)**

☐ **Someone else will pick up my Praxis Test Scores (A picture ID must be provided at time of pick-up.)**

Name of person picking up form: _____

☐ **Please fax my Praxis Test Scores to the following:**

Name of Person or Institution: _____

Fax number: _____

☐ **Please mail Praxis Test Scores to the following:**

Name of person mail is being sent to: _____

Street Address _____ City _____ State _____ Zip _____

☐ **Please email my Praxis Test Scores to the following:**

Email address: _____

I authorize Brigham Young University to release my Praxis Test Scores as requested above.

Signature* _____ Date _____

*If submitting as a .pdf: I acknowledge and agree that by typing my name in the space provided constitutes the same as a written signature.

Please mail, fax, hand deliver or scan and email to:

Education Advisement Center
Brigham Young University
350 David O. McKay Building
Provo, UT 84602

Phone: (801) 422-3426
Fax: (801) 422-0195
educationadvisement@byu.edu

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