

## TOEFL® PRIMARY™ CONSENT FORM

	This TOEFL® Primary™ test (the "Test") is being conducted by	d at	
	The Test will take approximately 1 hour to complete.		
	You agree that information about you, including your first and last name, student number, date of birth, region code, course level, number of years studying English, grade level, school name, demographic and background questions, responses to questions ("Personal Information") will be collected during the Test. Your name and other identifying information (first and last name, student number, date of birth) will be kept confidential and will not appear in any presentations or other publicly available materials, except that some of your Personal Information will appear on you score report. You agree that non-identifying information you provide (such as demographic and background information and answers to test questions) and scores may be used for research, development and promotional purposes relations.	, and ur ation,	
	You may request to review your personal identifying information by contacting:	,	
	Email: (Email of teacher/principal/school) Phone: (phone of leacher/principal)	applisthool	
	You agree to maintain the full confidentiality of all test questions and answers, specifically not to reproduce or disclose any test question or answer in whole or in part to any person or entity in any form.		
	I have read the above statement and understand and agree to these terms. I confirm that I am 18 years old or olde not, a parent or guardian must provide consent as well.)	er. (If	
berusia	I hereby expressly consent to permit (Name OF Student) and ETS to transfer my Person Information, including my personal identifying information, into and out of the United States and other countries wor and to use such Personal Information for the purposes stated herein.	nal rldwide	
18 tahan	W Name (please print) (name of teacher/ Principal)		
	Name (please print) (Name of Teacher/Principl)  Signature (Signature of Teacher/Principl)  Date		
	For Test Takers under 18 years old:		
C	ρ I have read the above statement and understand and agree to these terms.		
100	I hereby expressly consent to permit (NAME OF Student) and ETS to transfer Personal Information, including personal identifying information belonging to the above-named test taker into and out of the United States other countries worldwide and to use such Personal Information for the purposes stated herein.	s and	
di baway	Name of Parent/Guardian (please print)	parent/	
id fation	Signature Date	J teacher/	
		(Livelba)	

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## **Consent Form**

	This TOEFL® Junior* test administration (the "Test") is being conducted by  [located at (1003 tron of 5thool)]  [Incomplete of 5thool)]  [Incomplete of 5thool)]
	, located at (1000 ton OF Sthool) and Educational Testing
	Service, located in Princeton, NJ ("ETS").
	The Test will take approximately 110 minutes to complete.
	You agree that all information you provide, including demographic and background information, your answers to the test questions, and your scores, may be used for research, development, and marketing purposes relating to the Test. Information about you, including your first and last name, student number, date of birth, country code, course level, number of years studying English, grade level, school name, demographic and background questions, and responses to questions ("Personal Information") will be collected during the Test. Your name and other identifying information (first and last name, student number, date of birth) will be kept confidential and will not appear in any presentations or other publicly available materials, except that some of your Personal Information will appear on your score report.
	You may request to review your personal identifying information by contacting:  Email:     Email:   Address   OF Teacher   Principal   Phone:   (Phone No OF Teacher   Principal
	I have read the above statement and understand and agree to these terms. I confirm that I am 18 years old or older. (If not, a parent or guardian must provide consent as well.)
otha sish	I hereby expressly consent to permit and ETS to transfer my Personal Information, including my personal identifying information, into and out of the United States and other countries worldwide and to use such Personal Information for the purposes stated herein.
18 to hun	Name (please print) (mane OF parent / teacher/ printipal)
	- Signature (Signature of parent/teacher/principal) Date
	For examinees under 18 years old:
other sisue dibawah	I have read the above statement and understand and agree to these terms. I hereby expressly consent to permit
18 tahun	Name of parent/guardian (please print)
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