



# Testing Services Payment Request Form

For your initial Testing Services payment, please submit this form by fax, mail, email, or call the payment request line.

For all subsequent Testing Services payment requests, please submit your prior exam score with proof of payment by fax, email, or mail.

**Payment Request Line:** 1.877.725.9410

**Fax Number:** 1.866.593.4931

**Email:** examrequests@college-net.com

**Address:** The College Network, Inc.  
3815 River Crossing Parkway Suite 260  
Indianapolis, IN, 46240

To ensure appropriate handling, please submit the required documentation along with this form.

Thank you and good luck on your test!

Name:	Date of exam:
Phone:	Cost of exam:
Address:	Name of exam being taken:
Email address:	

Payments for Test Fee Services will be mailed within two weeks of receipt of the required documentation. No check shall be reissued within 8 days of the original post date. All financial obligations through your TCN lender must be current to have the Test Fee Services exam fee payment issued.