



PHARMACY COLLEGE ADMISSION TEST

Optional Services Request Form

IMPORTANT: If it has been over five years since the test date, scores are no longer available.

Clearly **PRINT** all information on this form for any service(s) requested. Place a checkmark next to any fields that need to be updated from the last time you took the PCAT.

This page must be included with all requests.

Candidate Information

Name: _____
Last First MI

Mailing Address:
Street: _____ Country: _____
City: _____ State: _____ Zip/Postal Code: _____

Daytime Phone: (____) _____ Alternate Phone: (____) _____

Email Address: _____

Last 4 digits of SSN#: XXX-XX- [] [] [] [] Date of Birth: ____ / ____ / ____
Month/Day/Year

Signature (required) _____

Mail to:
Pearson
Pharmacy College Admission Test (PCAT)
16885 Collections Center Drive
Chicago, IL 60693

*Allow up to fifteen business days for processing from the time the request and funds are received at the address listed above.

Check the service(s) you are requesting:

[Official Transcript Request \(continue to page 2\)](#) (Mailed directly to school/organization)

[Official Score Report](#) (Mailed to candidate for their own records)

A money order or cashier's check in the amount of \$ _____ is enclosed. **All payments must be made payable to "Pearson" and in U.S. dollars.** If personal check or cash is sent as payment, or the exam was taken over 5 years ago, your request will *not* be processed and the fees will be mailed back to you. May take approximately 8–10 weeks.



Optional Services Request Form

Candidate Name: _____

Official Transcripts (Mailed directly to school/organization)

A fee of \$20.00 (USD) for each transcript request must be included in a money order or cashier's check and sent with pages 1 and 2 of this request form. Approximately 10–15 business days after receiving the request, Official Transcripts will be sent first class mail to the institutions requested below. **Refer to the following link for school codes:**

<https://www.pearsonassessments.com/content/dam/school/global/clinical/us/assets/pcat/pcat-score-recipient-codes.pdf>

Transcript Request 1

School Recipient Number: _____ School Name: _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code _____

Transcript Request 2

School Recipient Number: _____ School Name: _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code _____

Transcript Request 3

School Recipient Number: _____ School Name: _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code _____

Official Score Report (Mailed to candidate for their own records)

A fee of \$20.00 USD for an Official Score Report request must be included in a money order or cashier's check and sent with page 1 of this request form. Approximately 10–15 business days after Pearson receives the request, an Official Score Report will be sent first class mail to the address listed on the first page of this form.