

Additional TRF Request Form

A Test-Taker may request additional TRFs to be sent to Receiving Institutions (universities, professional bodies, etc).

If the Receiving Institution accepts electronic submission of scores then that can be arranged through the IDP IELTS Turkey office at no charge.*

IDP IELTS Turkey can share your Test Report Form (TRF) electronically up to ten institutions a day.**

*If the institution you want to share does not accept electronic submissions, we can send your Exam Result Document in hard copy. If you do not know whether your institution accepts the electronic submission, please contact your institution first. The sending of the Hard Copy Test Result Form is made by DHL and the shipping fee and the printing fee of the forms are requested from the test-taker.

**The results sent to the institutions are followed by the candidates. – IDP Turkey is not responsible for any technical error that may occur in the system.

To process your additional results:

1. Complete and sign the attached **Additional TRF Form**
2. Send or bring your the form and bank receipt to your Test Centre:

IDP EDUCATION - Istanbul

Harbiye Mah. Cumhuriyet Cad.

Kahan Apt: No:40/4 Elmadağ – Taksim – Istanbul

Tel: +90 212 245 1588

Email: ielts.istanbul@idp.com

www.idpieltsturkey.com

IDP EDUCATION - Ankara

Kültür Mahallesi Ziya Gökalp Caddesi, Ataç-2 Sk.

No:43 Evin İşhanı, K:1 06420 Çankaya - Ankara

Tel: +90 312 424 1588

Email: ielts.ankara@idp.com

www.idpieltsturkey.com



Application for the Issue of Additional TRFs

1 Family Name: _____

2 [Dr Mr Mrs Miss Ms (circle as appropriate)] _____

3 Other name/s: _____

4 Tel. No: _____ Mobile No: _____

5 email: _____

6 Date of Birth: ____ / ____ / ____ (day / month / year) Sex: F / M (circle as appropriate)

7 ID Type: Passport / National ID Card (circle / highlight as appropriate)
 ID Document Number: _____ (This document must be shown before a TRF can be issued.)

8 Most recent test details:
 Centre Number: TR100 / TR021 / TR150 (circle / highlight as appropriate) Candidate Number: _____
 Date: ____ / ____ / ____ (day / month / year) IELTS Type: UKVI IELTS / IELTS (circle / highlight as appropriate)
 Centre Name:

9 Please give details below of where you would like your results sent to:

a Name of Person / Department: _____
 Name of College / University / Organisation: _____

b Name of Person / Department: _____
 Name of College / University / Organisation: _____

c Name of Person / Department: _____
 Name of College / University / Organisation: _____

d Name of Person / Department: _____
 Name of College / University / Organisation: _____

e Name of Person / Department: _____
 Name of College / University / Organisation: _____

f Name of Person / Department: _____
 Name of College / University / Organisation: _____

g Name of Person / Department: _____
 Name of College / University / Organisation: _____

h Name of Person / Department: _____
 Name of College / University / Organisation: _____

i Name of Person / Department: _____
 Name of College / University / Organisation: _____

j Name of Person / Department: _____
 Name of College / University / Organisation: _____

I certify that the information on this form is complete and accurate to the best of my knowledge and authorise the IELTS Test Partners to forward a copy of my TRF to the department/s or institution/s listed above.

Signature: _____ Date: ____ / ____ / ____ (day / month / year)