



REQUEST FOR COPIES OF RESULTS TO BE SE NT TO EXTRA INSTITUTIONS

Please return this form to International House Milan

IELTS Office, International House Milan, Viale Brenta, 27 - 20139 Milano ieltssupport@ihmilano.it

CANDIDATE SURNAME:			
FIRST NAME:			
TEST DATE:EMAIL ADDRESS:			
Address(es) of institution(s)	to which your	additional copy/co	ppies should be posted:
1.	j	2.	•
3.		4.	
5.		OFFICE USE ONLY	Initials:
		Date received:	
		Date posted:	
		ISCD updated?	Inst. copies xls updated?
		Receipt number:	