

TOEFL iBT® Testing for Groups of Students

ETS offers institutions the opportunity to have a group of students take the *TOEFL®* test at the same location and on the same test date. This is the process:

- Submit a Group Reservation Request to ETS at <u>bulkregistrations@ets.org</u>
 Be sure to include the following information:
 - Your institution/program's name and address
 - Location where you would like your students to test (country, state, city)
 - Specific test dates requested, or timeframe for testing
 - Number of seats you are requesting
 - Your contact information (name, email address and phone)
 - Be sure to password protect the roster information to protect all personal identifiable information (PII).

We recommend submitting Group Reservation Requests at least 30 days before the preferred test date. ETS will find the location/date that best meets your needs.

Each student must create a TOEFL iBT profile using the ETS online registration system at www.ets.org/toefl. Each student will be assigned an ETS ID number.

NOTE: Registration and payment must be completed at least 20 days before the test date, or the seats you reserved will be released to the public.

Privacy Notice

ETS recognizes the importance of protecting your privacy. This Privacy Notice describes our practices related to personal information privacy and security. ETS has a global privacy program to protect all "Personal Information." Personal Information is any information that we can use to identify you (such as your name, username or identification number) or contact you (such as your email address or telephone number). Personal Information includes other types of information (such as test scores or demographic data) when that information is associated with your Personal Information. View the full privacy policy here.

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ETS Internal

TOEFL® Bulk Registration Roster

Test Date:	Requesting Institution Name:		Contact Name:	
STN Number (if applicable):	In editorian Address		Contact Email Address:	
Геst Center Name if applicable):	Institution Address:		Contact Telephone Number:	

Test Taker Last Name	Test Taker First Name	ETS ID Number	Credit/Debit Card Type and Number	Card Holder Name (First Name, Last Name)	Expiration date (mm/yy)

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