



See information on page 13. Use this form if you have already mailed your CHSPE Registration Form and you wish to withdraw your registration. **To receive a \$46 refund, this completed form must be postmarked or faxed by the regular registration deadline for the examination date for which you registered.**

Mail or fax the completed form to:

Fax to: 916-228-2665

If using U.S. Postal Service, mail this completed form to:

CHSPE Office
Sacramento County Office of Education
P.O. Box 269003
Sacramento, CA 95826-9003

If using another delivery service, such as FedEx, UPS, etc., mail this completed form to:

CHSPE Office
Sacramento County Office of Education
10150 Missile Way
Mather, CA 95655

CHSPE ID #

1. **Legal Name:** (Please print clearly.)

Last Name

First Name

Middle Initial

2. **Date of Birth:** / /

Month

Day

Year

3. **Daytime Phone:**

Area Code

4. **Fax*:**

Area Code

5. **E-mail*:**

6. **Mailing Address:** (Please print clearly.)

Check here if this address is different from the one on your original Registration Form.

P.O. Box or Street Address

City

State

ZIP Code

7. **Gender:** Male Female

8. **Test Date from which you are withdrawing:**

- October 17, 2009 (Refund deadline: September 18, 2009)
- March 20, 2010 (Refund deadline: February 19, 2010)
- June 19, 2010 (Refund deadline: May 21, 2010)

9. **Signature:** If this form is not signed, it will be returned unprocessed.

Signature of Registrant (required): _____ **Date:** _____

If this form is postmarked or faxed by the regular registration deadline and you are eligible for a refund, please complete the following.

10. **Enter the name of the purchaser of the original money order or bank-issued cashier's check used to pay CHSPE fees.**

Last Name

First Name

Middle Initial

11. **Alternate Address:** Your refund will be sent to the address above unless you provide an alternate address below.

P.O. Box or Street Address

City

State

ZIP Code

*if available