



## **Fax Cover Sheet**

Request for Refund or Extension

Date:

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**From**

Name:

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Email:

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Phone:

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ASE Test Prep User Name:

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- I am requesting an extension of my subscription for up to 60 days based on the subscription I purchased.
  
- I am requesting a full refund of my subscription

Fax this cover sheet along with test results to:

**1-866-201-1044**