

## **Fax Cover Sheet**

Refund or Extension Request

| Date:                   |  |  |
|-------------------------|--|--|
| From                    |  |  |
| Name:                   |  |  |
| Email:                  |  |  |
| Phone:                  |  |  |
| ASE Test Pren User Name |  |  |

 $\Box$  I am requesting a FREE extension of my subscription

 $\Box$  I am requesting a full refund of my subscription

Fax this cover sheet along with test results to:

## 1-866-201-1044