

Fax Cover Sheet

**Refund or Extension Request** 

Date:

Your Name:

Your Email:

Your Phone:

ASE Test Prep Username:

 $\Box$  I am requesting a 60-day extension of my access plan.

 $\Box$  I am requesting a prorated refund of my access plan.

Fax this cover sheet along with test results to:

## 1-866-201-1044