

Additional TRF Request Form

A Test-Taker may request additional TRFs to be sent to Receiving Institutions (universities, professional bodies, etc). TRFs sent by courier will be sent through DHL and students will be charged accordingly. If the Receiving Institution accepts electronic submission of scores then that can be arranged through the IDP IELTS Turkey office at no charge. TRFs are subject to a 10 TL fee per TRF plus courier costs. These are sent directly to the Receiving Organizations of your choice.

IDP EDUCATION SPECIAL PRICE LIST – DHL EXPRESS						
Region	West Europe	North America	North & East Europe	Middle East	Asia Pacific	South America & Africa
Price (TL)	100	120	130	140	150	190
Delivery in days	1-3	1-3	1-4	1-4	2-4	2-4

To process your additional results:

1. Complete and sign the attached **Additional TRF Form**
2. Make a courier payment for each institution/address that you would like to send your result to the bank details below and provide a receipt:

BANK: GARANTI BANK
ACCOUNT NAME: IDP EDUCATION
IBAN: TR55 0006 2001 6710 0006 2959 88
SWIFT CODE: TGBATRISXXX
CORPORATE CODE: 3326
BRANCH NO: 1671
DETAILS: FULL NAME – DHL FEE

3. Send or bring your the form and bank receipt to

IDP EDUCATION

Harbiye Mah. Cumhuriyet Cad.

Kahan Apt: No:40/4 Elmadağ – Taksim – Istanbul

Tel: +90 212 245 1588

Email: ielts.istanbul@idp.com

www.idpieltsturkey.com

IELTS™

Application for the Issue of Additional TRFs



1 Family Name: _____

2 [Dr Mr Mrs Miss Ms (circle as appropriate)] _____

3 Other name/s: _____

(These names must be the same as the names on your national identity document / passport.)

4 Address for correspondence: _____

5 Tel. No: _____ Mobile No: _____

6 email: _____

7 Date of Birth: / / (day / month / year) Sex: F / M (circle as appropriate)

8 ID Type: Passport / National ID Card (circle / highlight as appropriate)

ID Document Number: _____ (This document must be shown before a TRF can be issued.)

9 Most recent test details: _____

Centre Number: TR100 / TR021 (circle / highlight as appropriate) Candidate Number: _____

Date: / / (day / month / year) IELTS Type: UKVI IELTS / IELTS (circle / highlight as appropriate)

Centre Name:

10 Please give details below of where you would like your results sent to:

a Name of Person / Department: _____

Name of College / University / Organisation: _____

Address: _____

b Name of Person / Department: _____

Name of College / University / Organisation: _____

Address: _____

c Name of Person / Department: _____

Name of College / University / Organisation: _____

Address: _____

I certify that the information on this form is complete and accurate to the best of my knowledge and authorise the IELTS Test Partners to forward a copy of my TRF to the department/s or institution/s listed above.

Signature: _____ Date: / / (day / month / year)

d Name of Person / Department: _____
 Name of College / University / Organisation: _____
 Address: _____

e Name of Person / Department: _____
 Name of College / University / Organisation: _____
 Address: _____

f Name of Person / Department: _____
 Name of College / University / Organisation: _____
 Address: _____

g Name of Person / Department: _____
 Name of College / University / Organisation: _____
 Address: _____

h Name of Person / Department: _____
 Name of College / University / Organisation: _____
 Address: _____

i Name of Person / Department: _____
 Name of College / University / Organisation: _____
 Address: _____

j Name of Person / Department: _____
 Name of College / University / Organisation: _____
 Address: _____

k Name of Person / Department: _____
 Name of College / University / Organisation: _____
 Address: _____

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Signature: _____ Date: / / (day / month / year) _____