

**WorkKeys Refund Request Form
for Internet Version Testing**

This form is to be used to request a refund for WorkKeys Internet Version tests. You must review the **WorkKeys Internet Version Refund Policy** before completing this form. To request a copy of the refund policy contact us at 800/967-5539.

Reason for refund request: _____

Person requesting refund: _____

Email address: _____

Phone: _____

Testing site name: _____

Realm number: _____

Billing site name: _____

Today's date: _____

Date of test interruption: _____

Examinee Name	Test Title

Submit form to:

WorkKeys Refund Request
P.O. Box 168
Iowa City, IA 52243-0168
Fax: 319-341-2630

ACT invoice number: _____

NOTE: Request for refunds will not be considered with out the ACT Invoice number.