

Certificate Reprint Request

Please mail, email, or fax the Certificate Reprint Request form to:

Mail:

Scantron

6001 Hospitality Court, Suite 100

Morrisville, NC 27560

Email: candidatesupport@scantron.com

Fax: 919-361-2426

Name of the Certification Exam or Client:

Please include your Full Name (First / Last):

Billing Information:

Street Address:

City:

State/Province:

Zip:

Country:

Daytime Phone Number:

Signature Authorization for Payment:

I authorize Scantron to process my payment (Credit card/ Check / Money Order) for \$15.00 for the reprinting of my Certificate.

- ☐ If paying by Credit Card, Scantron will contact me for Credit card information via telephone (at the Daytime Phone number listed above) once this signed request form is received.
- ☐ If paying by Check, there is a 15 day check hold, before the certificate will be mailed.

Signature:

Date:

(Below is an Internal Section for Scantron Staff)

Authorized Name On Payment:

First:

Last:

Payment Method:

Visa

MasterCard

Amex

Card ID_____

(Security Code on Back)

Money Order

Check

Chk/MO#_____

Credit Card Number:

Expiration Date: