

REQUEST FOR ADDITIONAL SCORE REPORT

To request an additional sealed copy of your score results, fill out the information below and send this form along with a check/money order in the amount of \$20.00 payable to Scantron.

If you wish to use a credit card for payment, please be sure to include the additional information requested. Any request forms that do not include this information will be returned.

Candidate Information		Examination Information
ID Number/Registration #	# of copies requested	Test Date
Name (Last, First, MI)	Certification Authority	Type of Test Taken

Mail Sealed Score Reports To:

Name	
Address	
City	
State / Province	
Postal Code	

Additional Information for Credit Card Payment (MasterCard or Visa Only):

Credit Card Number	
Expiration Date	
Full Name as it appears on card	
Billing Address (if different from above)	
Telephone Number	
Signature	