



ARDMS[®]

Duplicate Score Report Form (Examinations Taken Prior to 2000)

Instructions:

This form must be completed in its entirety. Please clearly print or type all information and include a check, money order or credit card for the processing fee in the amount of \$25.00 per Duplicate Score Report requested. The Duplicate Score Report Form will be returned due if incomplete information is provided, the form is not signed or the processing fee is not submitted with the request.

Date: _____ Identification Number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Home #: _____ Business#: _____ Email: _____

Name of Exam: _____ Date of Exam: _____

Payment Information

Payment Amount: _____ (\$25 per Score Report Requested - US Dollars Only)

Check Money Order MasterCard VISA

Credit Card number: ____ ____ ____ ____ / ____ ____ ____ ____ / ____ ____ ____ ____ / ____ ____ ____ ____

Expiration Date (month/year): ____ ____ / ____ ____

Cardholder Name: _____

I certify that the information provided above is correct and that I, the requesting party, am the same individual who took the examinations for which I am requesting the Duplicate Score Reports.

Signature: _____ Date: _____

Your request will not be processed without a signature

You can mail this form with a money order or check payment to:

ARDMS
ATTN: Duplicate Score Report
1401 Rockville Pike, Suite 600
Rockville, MD 20852

You can fax this form with credit card payment to:

ARDMS
ATTN: Duplicate Score Report
(301) 738-0312

ARDMS OFFICIAL USE ONLY

Received: _____

Sent to Accounting: _____