INSTRUCTIONS

(1) Print legibly and complete the form. Illegible of incomplete forms will be returned without processing.

(2) You must be currently certified and registered to request a duplicate score report. Individuals not certified and registered can request duplicate fail score reports only.

(3) Specify how many score reports you are requesting and for which discipline(s) in the “Request Statement” section. Unless you provide a different mailing address, ARRT will automatically mail the reports to your address on file.

(4) The score reports will bear your legal name as currently on record at ARRT, along with your original certificate number and the exam date.

(5) If your name has changed, you must include documentary evidence of your name change (copy of marriage certificate, etc.). The new name to be to be printed on the duplicate certificate should be printed clearly.

(6) To be valid, duplicate score reports must be embossed with the official seal of ARRT.

(7) Have your signature notarized.

(8) Enclose a personal check or money order of $15 for 1-3 duplicate score reports, or $30 for 4-6 duplicate score reports.

(9) Complete the application. Incomplete applications will be returned.

(10) Mail the original application (photocopies not accepted) to ARRT, Education Requirements Department, 1255 Northland Drive, St Paul, MN 55120-1155.

(11) Allow three to four weeks for delivery.
Read instructions on the reverse side before completing this application.

ARRT ID Number ___________________________ U.S. Social Security Number ________ - ________ - ________ Birthdate MO DA YR

Last Name ___________________________ First Name ___________________________ Middle Initial ________
Street Address 1 ___________________________ Street Address 2 ___________________________
City ___________________________ State ________ Zip ________

If your name has changed, please provide name as originally certified. (For ARRT verification)

Last Name ___________________________ First Name ___________________________ Middle Initial ________

REQUEST STATEMENT: FILL IN THE BLANKS BELOW

Mail ________ duplicate score report(s) for ___________________________ to: ___________________________
(Number of Reports) (Discipline(s) i.e. Radiography, Nuclear Medicine, etc.)

Name / Company ___________________________
Attn ___________________________
Street Address ___________________________
City ___________________________ State ________ Zip ________

NOTARY
Before me personally appeared ___________________________ to me known to be the person described in the above application, who signed the foregoing instrument in my presence, and made oath before me to the accuracy of the statements set forth herein,
on the __________________________ day of __________________________, 20_________.

______________________________________________________________________________
(Notary Public Signature)

NOTE: The declaration below must be signed in the presence of a Notary Public.

I DECLARE THAT ALL THE DATA APPEARING ON THIS APPLICATION ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

______________________________________________________________________________
(Applicant Signature)