



INSTRUCTIONS

- (1) Print legibly and complete the form. Illegible or 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 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.



DUPLICATE EXAMINATION SCORE REPORT APPLICATION

Read instructions on the reverse side before completing this application.

ARRT ID Number U.S. Social Security Number - - Birthdate

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: Mail to the above address (check box).
(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)

NOTARY STAMP/SEAL

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)

MO DA YR