



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 _____ ARDMS Number: _____

Name _____

Address _____

City _____ State _____ ZIP/Postal Code _____

Contact Info: Home: _____ Bus: _____ E-mail address _____

Name of exam _____

Date of exam _____

Payment Information

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

Check

Money Order

MasterCard

VISA

CREDIT CARD PAYMENT INFORMATION:

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 money order or check payment to:
ARDMS
ATTN: Duplicate Score Report
51 Monroe Street, Plaza East One
Rockville, MD 20850-2400

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 _____