



## 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 score report should be printed clearly.
- (6) Have your signature notarized.
- (7) Enclose a personal check or money order of \$15 for 1-3 duplicate score reports, or \$30 for 4-6 duplicate score reports.
- (8) Complete the application. Incomplete applications will be returned.
- (9) Mail the original application (photocopies not accepted) to ARRT, Education Requirements Department, 1255 Northland Drive, St Paul, MN 55120-1155.
- (10) Allow three to four weeks for delivery.
- (11) To be valid, duplicate score reports must be embossed with the official seal of ARRT.



# DUPLICATE EXAMINATION SCORE REPORT APPLICATION

Read instructions on Page 1 before completing this application.

ARRT ID Number       U.S. Social Security Number    -  -     Birthdate        
MM DD YYYY

Last Name

First Name  Middle Initial

Street Address 1

Street Address 2

City  State  Zip

Phone Number  -  -

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.)

Mail to the above address (check box).

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 STAMP/SEAL

(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)

MM DD YYYY