

DUPLICATE EXAMINATION RESULTS PACKET AUTHORIZATION

INSTRUCTIONS

- (1) You recently passed an ARRT examination and you're still waiting for your results packet:
 - If you have not received it by mail within 30 days of passing the examination, call us at 651.687.0048. Select the option for earning ARRT certification. We'll want to make sure the postal service has the correct address.
 - If you have not received it by mail within 90 days of passing the examination and you did not change your address, call us at 651.687.0048. Select the option for earning ARRT certification.
- (2) Print legibly and complete the form. Illegible or incomplete forms will be returned without processing.
- (3) The duplicate examination results packet contains your score report and certificate.
- (4) You must be currently certified and registered to request a duplicate examination results packet.
- (5) Indicate the discipline for which you are requesting results in the "Request Statement" section. ARRT will automatically mail your results to the address on file.
- (6) The results and certificate will bear your legal name as currently on record, along with your original certificate date and ARRT ID number.
- (7) If your name has changed, you must include documentary evidence of your name change (copy of marriage certificate, etc.) and a Name Change Form downloadable from your ARRT online account's "Settings" page. The new name to be printed on the duplicate certificate should be printed clearly.
- (8) Have your signature notarized.
- (9) Enclose a personal check or money order for \$26.00 for each discipline you are requesting.
- (10) Mail the original application (photocopies not accepted) to ARRT, Education Requirements Department, 1255 Northland Drive, St Paul, MN 55120-1155.
- (11) Contact us with questions: 651.687.0048. Select the option for earning ARRT certification.
- (12) Allow three to four weeks for delivery.



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Read instructions on Page I before completing this authorization.	
ARRT ID Number U.S. Social Security Number	Birthdate MM DD YYYY
Last Name	
First Name	Middle Initial
Street Address I	
Street Address 2	
City State Zip	
Phone Number	
If your name has changed, please provide name as originally certified. (For ARRT verification	on)
Last Name	
First Name	Middle Initial
REQUEST STATEMENT: FILL IN THE BLANKS BELOW	
I would like to request a duplicate results packet for the(i.e. Radiogaphy, Radiation	•
NOTARY Before me personally appeared person described in the above application, who signed the foregoing instrument in my accuracy of the statements set forth herein,	to me known to be the presence, and made oath before me to the
on the, 20,	
(Notary Public Signature)	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 AUTHORIZATION ARE A AND TRUE TO THE BEST OF MY KNOWLEDGE.	ACCURATE
(Authority Control	MM DD WWW
(Authorization Signature)	MM DD YYYY