Exam Score Request Form

Please complete this form to receive a copy of your exam scores. **BE SURE TO COMPLETE EVERY SECTION AS COMPLETELY AS POSSIBLE TO PREVENT DELAY IN PROCESSING**. Exam scores will be mailed to the address provided 2-3 weeks from the date that your form is received.

Name:_____
(Please Print) First Middle Last

Indicate name tested under if different from above: _____

Current address, daytime phone number, and e-mail:

Address_____ Telephone # (___)_____
_____ E-mail _____
City/State/Zip_____
Country_____

Exam Information - For each module you want us to look up, please indicate the testing method and date (exact date or 5 year time span):

MODULE 1 taken by: ____ Computer ____ Written Date Taken:_____
MODULE 2 taken by: ____ Computer ____ Written Date Taken:_____
MODULE 3 taken by: ____ Computer ____ Written Date Taken:_____
MODULE 4 taken by: ____ Computer ____ Written Date Taken:_____

Testing Location:

_____
(University, Testing Center, etc.) City, State

If exam was taken with an organization or company, please list: _____

Address used to register for the exam (if different from current address):

Address_____
_____
City/State/Zip_____
Country_____

TRANSCRIPT PROCESSING FEE: $15.00

FORM OF PAYMENT: (check one)

___Check Included ___Visa ___Mastercard ___AmEx

I certify that I am the candidate whose signature appears below. I also authorize ISM to release my scores to the current address I have listed above.

Signature: _____ Date: _____

Mail or fax score request to: ISM - Certification Dept., PO Box 22160, Tempe AZ 85285-2160
Fax: 480/752-7890 Attn: Judieth Tolliver 480/752-6276 Ext. 3044