

DUPLICATE SCORE REPORT REQUEST FORM

DIRECTIONS: Use this form to request a duplicate score report. Complete all requested information. This form must be received within one year of the examination date and include a check or money order for \$25 payable to PSI Services Inc. Duplicate score reports will be processed and *mailed* within approximately five business days following receipt of the request.

Name: _____ Candidate ID #: _____

Mailing Address: _____

City State Zip: _____

Email: _____ Daytime Phone: _____

Examination Date: _____

I hereby authorize PSI to send me a duplicate of my examination results.

Signature: _____ Date: _____

Mail your completed form and correct fee to:
PSI
18000 W. 105th St.
Olathe, KS 66061-7543