









































## REQUEST FOR DUPLICATE SCR N EXAMINATION SCORE REPORT

**Directions:** You may use this form to ask PSI, the testing agency, to send you a duplicate copy of your score report. This request must be postmarked no later than one year after the examination administration. Proper fees and information must be included with the request. Please print or type all information in the form below. Be sure to provide all information and include the correct fee, or the request will be returned.

**Fees:** \$25 U.S. Dollars per copy. Please enclose a check or money order payable in U.S. Dollars to PSI Services Inc. Do not send cash. Write your candidate identification number on the face of your payment.

**Mail to:** PSI

SCR N Examination  
18000 W. 105<sup>th</sup> Street  
Olathe, KS 66061-7543, USA

**Amount enclosed:** \$ \_\_\_\_\_

**Examination Date:** \_\_\_\_\_

*Print your current name and address:*

Name \_\_\_\_\_ Candidate ID \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State/Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Daytime Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_

*If the above information was different at the time you tested, please write the original information below:*

Name \_\_\_\_\_ Candidate ID \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State/Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Daytime Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_

Examination Date \_\_\_\_\_ Test Site \_\_\_\_\_

**I hereby request PSI to send a duplicate copy of my score report to the first address shown above.**

Candidate's Signature \_\_\_\_\_ Date \_\_\_\_\_