



NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

a division of the National Society of Professional Engineers

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888-476-4238 or 703-548-1518

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Examination Score Report Release Form

NICET's policy is to restrict the sharing of an examinee's certification examination scores with employers or others when the identity of the examinee is obvious or readily determined. Accordingly, examination performance statistics, which convey the performance of individuals, will be published only when the data can be presented in a manner which conceals the identity of each examinee.

Furthermore, the NICET examination score report will be sent only to the examinee, even if another party, such as an employer, pays the examination fee to NICET. The only exception to this rule is when NICET has on file a properly signed Examination Score Report Release Form.

This NICET policy does not apply when an employer or other organization contracts with NICET to prepare a customized test for an internal need, such as a knowledge assessment.

In order for an employer or another organization/person to receive a copy of an examinee's score report directly from NICET, the examinee must complete this form and return it with the appropriate fee to NICET at the address shown. There is no charge for e-mail delivery. For U.S. Post Mail delivery, payment of \$10.00 must be included for each score report requested. Telephone orders will not be honored!

These fee amounts will be honored only for requests made prior to the exam. This form may be mailed with the application or submitted to the test proctor at the time of the exam. After the exam is administered, examinees must use the Personal Records Order Form (available on the web site) to request copies of score reports.

An alternative to purchasing a copy of a score report is for the examinee to personally photocopy the score report and deliver it to the second party.

----- (Detach) -----

By my signature below, I hereby authorize NICET to furnish a single copy of this referenced score report as follows:

Examinee Name: _____ Social Security Number: _____
(Please print)

Signature _____
(Your signature must appear; otherwise this form will not be accepted.)

Test Center: _____ Test Date: _____

Delivery

Post Mail E-mail

Person or Department

Organization

Mailing Address

E-mail Address

City, State, Zip

Payment Processing

Check/Money Order Attached (payable to NICET)

You must enter a payment amount in the box

Amt. Submitted:

Charge to ___ Visa ___ MasterCard ___ Discover

Card No: _____ **Name on Card:** _____

Expiration Date: _____ **Signature (required)** _____

Fees are listed on our Website, www.nicet.org, or can be obtained by calling 888-476-4238 or 703-548-1518 option 2.

Mail completed form and fee to: NICET, c/o SUNTRUST BANK, P.O. Box 79439, Baltimore, MD 21279-0439