

NLN TESTING

Request for Duplicate Score Report



Directions: Complete the information below, sign indicating your agreement to the release of your exam history, and enclose certified payment or complete credit card information to pay the \$30.00 fee per report (must be paid in full). Personal checks are not accepted by the NLN and will be returned.

Terms of Agreement: I, _____ authorize the National League for Nursing (NLN) to release my exam report to the institution below. I further understand that the institution will receive the document(s) by email and a paper copy of my report will not be sent via US Mail or other means of delivery.

Signature: _____ Date: _____

Examinee Information :

Examinee Name _____ Last 4 SSN or NLN ID # _____
Examinee Address _____ City _____
State _____ Zip _____ Phone Number _____ Date of Birth _____
Email: _____

Exam Information:

User Name: _____ Institution Name: _____
Approximate Date: _____ Name of Exam: _____

Recipient Information:

School / Recipient Name _____
Email (Required) _____

Payment Information :

Name on Card _____ Credit Card Type _____
Card # _____ Security Code _____ Expiration date _____

Note: Information will not be sent until payment has been processed and verified.

Please return form by mail, fax, or email.
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