



Detailed Score Report Request Form

FOR NWSA PRACTICAL EXAMINATIONS

If you wish to receive a Detailed Score Report on candidates taking the NWSA examination(s), please fill out this form and submit it, along with a \$50 processing fee, to NWSA when you return your test administration materials for each administration:

NWSA—Testing Services Phone: 703-459-9211
 5250 S. Commerce Drive, Suite 100 Fax: 703-459-9124
 Murray, UT 84107 Email nwsa@nws-a.org

You must submit this form for each test administration. Scores are the property of the candidate, and his/her consent must be obtained before NWSA can release the scores to a third party. Please have the candidate sign under the release statement below.

Please type or print neatly.

NAME OF REQUESTOR	PHONE		
COMPANY NAME	EMAIL		
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTRY
NWSA PE SITE #	TEST DATE(S)	SIGNATURE	

CANDIDATE RELEASE STATEMENT

Notice to Candidate: By signing this form, you are giving your permission to the National Wireless Safety Alliance (NWSA) to release the details of your test scores directly to the person listed above as the “Requestor.”

CANDIDATE NAME (printed)	DATE OF BIRTH (mm/dd/yyyy)	CANDIDATE RELEASE SIGNATURE
1.		
2.		
3.		
4.		
5.		
6.		
7.		

METHOD OF PAYMENT FOR DETAILED SCORE REPORT REQUEST

Do not send cash.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Personal check enclosed	<input type="checkbox"/> Employer check enclosed	<input type="checkbox"/> Money order enclosed	<i>Please do not staple your check or money order.</i>
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Checks and money orders should be payable to: NWSA

If paying by credit card, please complete the following information:

CREDIT CARD NUMBER	EXPIRATION DATE	SECURITY CODE*
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
NAME (Print as it appears on card)	SIGNATURE (on card)	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	

* Three- or four-digit code located on the card.

DETAILED SCORE REPORT REQUEST FORM (CONT'D)

NWSA PE SITE #	TEST DATE	NAME OF REQUESTOR
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CANDIDATE RELEASE STATEMENT

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CANDIDATE NAME (printed)	DATE OF BIRTH (mm/dd/yyyy)	CANDIDATE RELEASE SIGNATURE
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