



# 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  
 5250 S. Commerce Drive, Suite 100  
 Murray, UT 84107

Phone: 703-459-9211  
 Fax: 703-459-9124  
 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 PRACTICAL TEST 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*
NAME (Print as it appears on card)	SIGNATURE (on card)	

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

## DETAILED SCORE REPORT REQUEST FORM (CONT'D)

NWSA PRACTICAL TEST SITE #	TEST DATE	NAME OF REQUESTOR
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### 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
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