

NLN Testing Services Request for Score Reporting

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 \$25.00 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 history (including **all** NLN exams taken prior to this date) to the institution below. I further understand that the institution will be notified by email that my exam history is available for electronic viewing through the NLN Validation Center and a paper copy of my report will *not* be sent via US Mail, email, or other means of delivery.

Signature _____ Date _____

Examinee Information

Examinee Name _____ SSN or NLN ID # _____ Date of Birth _____

Examinee Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Email _____

Report Recipient

Institution _____ Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email (REQUIRED) _____

Payment Information

Note: information will not be sent until payment is processed and verified.

Name on Card _____ Credit Card # _____

Expiration Date ____ / ____ Security Code _____ Credit Card Type _____

Please return form by mail, fax, or email.
Mail: NLN 148 E. Pleasant Hill Rd. Suite 106 Carbondale, IL 62903
Fax 618-453-3333 Email: customerhelp@nlm.org

