

Appeal Request Form

PLEASE TYPE OR PRINT CLEARLY

All requests for appeal must be submitted to National Restaurant Association's (Association) Customer Care Center within 30 days of the original incident. This will be reviewed and a final decision made within 30 days of the Association's receipt of this form.

Please mail or fax completed form and statement to National Restaurant Association, Customer Care Center, 233 S. Wacker Drive, Suite 3600, Chicago, IL 60606-6383 or email it to courseadminfax@restaurant.org.

Date Submitted Last Name First M.I. Address/Suite # City ZIP Contact Social Security Number and/or Proctor Registration Number (if applicable) Class Number or Name of Course Appeal is requested for the following reason(s): (Please attach additional page(s) if necessary) Please attach a personal statement describing your reason(s) for appeal. Signature of Requestor Date NRA Solutions Internal Use Only Date Appeal Request Received at the Association

Received By