Certificate and Score Release Request Form

- **PLEASE PRINT CLEARLY**
- **Please complete this form and email to servicecenter@restaurant.org or fax 866-665-9570 or (312) 583-9853 local direct**
- **Please text us at 800.765.2122 to confirm receipt.**
- **NOTE: *Incomplete and unsigned forms will not be processed.***

ServSafe
National Restaurant Association

YOUR NAME _____ Last 4 Digits of SOCIAL SECURITY _____ _____ _____ _____

( ) _____ ( ) _____

Work Telephone | Home Telephone | Email Address

X Signature *(Required)* _____

Type of exam: ❑ ServSafe® Food Safety ❑ ServSafe Alcohol® ❑ Other (please specify)

_____

Estimated Exam Date and Location (if known) | Exam Session # (if known)

DUPLICATE CERTIFICATE SECTION—Please allow 2-3 weeks for delivery or select RUSH DELIVERY

❑ **BASIC DELIVERY—$20 Charge**
- Cash payments not accepted.
- FMP® certification plaque replacement is $35.

❑ **RUSH DELIVERY (Receipt in 7 business Days)—$35 Charge**
- Certificates cannot be faxed.
- National Restaurant Association cannot reprint expired certificates*.

- Fraudulent use of any Association Certificate or wallet card is subject to prosecution to the full extent of the law.

Name Change Needed? (Documentation needed) ❑ Yes ❑ No Print Correct Name Here: _____

_____

Mailing Address/Suite #

_____

City | State | Zip Code

_____

If being sent to an organization, please include the name of the organization here.

*ServSafe Food Safety Certificates older than 5 years are expired. *ServSafe Alcohol Certificates older than 3 years are expired.

***PAYMENT INFORMATION*—REQUIRED FOR DUPLICATE CERTIFICATE ORDERS ONLY**

If billing to an account, you must provide that number on this form. The cost covers the processing of your request, materials, and shipping. Make checks payable to National Restaurant Association (Association).

Check/Money Order/Account Number: _____ Amount $ _____

or if paying by credit card: ❑ Visa ❑ AMEX ❑ MasterCard ❑ Diners Club ❑ Discover

_____

Name on Card | Card Number | Expiration Date

_____

Bill To Address | City | State | Zip

SCORE RELEASE SECTION—Please allow 5 business days minimum for processing—FREE OF CHARGE

I, the signee, give permission to the Association to release my Exam score information.

❑ **Please fax/email score information to:** _____

National Restaurant Association, 175 W. Jackson Blvd, Suite 1500, Chicago, IL 60604

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