

REQUEST TO E-MAIL, FAX OR MAIL CPA EXAMINATION SCORE NOTICE(S) (SCORE RQST) 08/15

Illinois Board of Examiners
Mailing Address: 1120 E. Diehl Road, Suite 107 • Naperville, IL 60563
PHONE (815) 753-8900 • FAX (815) 753-8953 • WEB: www.ilboe.org • E-MAIL: help@ilboe.org

Be advised the Board of Examiners does not e-mail, fax or mail scores until the official paper scores have been mailed. E-mailed, faxed and mailed scores are intended to replace 1) scores not received by mail or 2) scores going overseas.

Date of Request (MM/DD/YYYY): _____

(Please type or print legibly)

1. Name in Full _____
First Middle Last

*Please display name as it appears on your Notice To Schedule (NTS)

2. Mailing Address _____
Street Number Apt. Number

City State/Province/Country Zip/Postal Code

3. Email _____ 4. Phone Number _____

5. Fax Number (if applicable) _____ 6. Date of Birth _____

7. U.S. Social Security Number (if applicable) _____

8. Sex: [] Male [] Female 9. Please select preferred salutation: [] Miss [] Ms. [] Mrs. [] Mr.

10. Select desired method of receipt: E-Mail Fax Mail

11. AUD Date(s) of requested exam sitting(s) (MM/YYYY): _____

BEC Date(s) of requested exam sitting(s) (MM/YYYY): _____

FAR Date(s) of requested exam sitting(s) (MM/YYYY): _____

REG Date(s) of requested exam sitting(s) (MM/YYYY): _____

12. The request to e-mail, fax or mail your score notice(s) cannot be processed without your signature. Be sure to include what exam part(s) you took, the date(s), the valid fax number or e-mail address to end them to and your name as listed on your NTS. We will process these requests as quickly as possible while taking care of other customer requests.

Name (Printed) Date *Submission of form constitutes an electronic signature.

FOR OFFICE USE ONLY

Request processed by: _____
Name (Printed) or Signature Date

Request received via: E-Mail Fax Mail