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.

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

FOR OFFICE USE ONLY

Request processed by: ____________________________________________  ____________________________
Name (Printed) or Signature  Date

Request received via: □ E-Mail □ Fax □ Mail