



OFFICIAL SCHOOL PASS RATE REQUEST FORM

Directions: Please complete and mail this form to request a copy of your students' pass rate on the National Certification Examinations. When completing this form, please print or type all of the information you provide. You must provide all of the information requested in Sections 1-3 of this form and include the correct fee(s) or your request will be returned to you. Please note that pass rates will only be reported from the time in which your assigned school code was created.

Section 1: School Information

School Name: _____

Assigned School Code Number: _____

Date Range Requested: (____ / ____ / ____) through (____ / ____ / ____)
Start Date End Date

Section 2: School Address (Reports will ONLY be mailed to this location)

Your Name: _____

Title/Position: _____

School Address 1: _____

School Address 2: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail _____

Section 3: Payment and Authorization for the Release of Information

Be sure to include a school check, certified check or money order **made payable to NCBTMB** in the amount of **\$25 per report** requested. Cash and personal checks will not be accepted.

Number of reports requested: ____ Amount enclosed (\$25 per report): \$ _____

Signature _____ Date ____ / ____ / ____

By signing above, I certify that the school or training institution listed in Section 1 of this form has approved me to request and receive pass rate information for their students.

Please MAIL all completed forms and payment to:

Wachovia Bank/NCBTMB
P.O. Box 758845
Baltimore, MD 21275-8845

For NCBTMB use only:

Date Received: ____ / ____ / ____
Date Processed: ____ / ____ / ____