

# Appeal Request Form

All requests for appeal must be submitted to National Restaurant Association's (Association) Service 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, Service Center, 175 West Jackson Boulevard, Suite 1500, Chicago, IL 60604-2814, or fax it to 866.665.9570 (toll-free) or 312.583.9853 (local direct).

**PLEASE TYPE OR PRINT CLEARLY**

Date Submitted \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address/Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact \_\_\_\_\_ Email \_\_\_\_\_

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 \_\_\_\_\_

