## **Test Use Agreement Refund Form**

Refunds are issued within 4-6 weeks of receipt.



All requests must submit this form and the required documentation listed below to:

National Restaurant Association Solutions
Attn: Service Center
175 W Jackson Boulevard, Suite 1500, Chicago, IL 60604-2814
Or
Fax to 866-665-9570 toll free or 312-583-9853 local direct
(for Online Examinees only)

Name		
Address		
Oth.	Obdo	71D O - 1 -
City	State	ZIP Code
Phone	Email Address	
Signature		
Print-Based Examinees: Must include the un Number written across the top and include the	nused answer sheet with this completed form. The ans he Proctor's signature to receive a refund.	wer sheet should have the Class
Online Examinees: Must provide the Seat Ro	egistration Number, the Class Number and the Procto	or's signature to receive a refund.
Seat Registration Number		
Class Number		
Proctor's Signature		
	edeemed Seat Registration Numbers are not eligible at 800-765-2122 ext 6703 or servicecenter@restaura	
NRAS INTERNAL USE ONLY		
Date Received	Date Sent to Accounting	Specialist Initials