## **Exam Score Request Form**

Please complete and sign this form. If you wish, you can submit this along with your CPSM®, CPSD™, or C.P.M. application OR your exam scores will be sent to you within 4 weeks from the date that your form is received.

Name				
(Please Print)	First	Middle	Last	
Indicate name tes	ted under if diffe	rent from above:		
ISM ID # (if knowr	n)			
Current Address_				
City/State/Zip				
Country				
Daytime Telephor	ne # ()	E-mail		
Exam Information	<b>on</b> - For each sco	ore you request, pleas	e indicate the followi	ng:
For <b>C.P.M.</b> Exams				
MODULE 1: Com	puter Exam	Written Exam	Date Taken:	
MODULE 2: Com	puter Exam	Written Exam	Date Taken:	C P NA
MODULE 3: Com		Written Exam	Date Taken:	
MODULE 4: Com	puter Exam	Written Exam	Date Taken:	
For <b>CPSM®</b> Exams				
EXAM 1: Com	outer Exam	Written Exam	Date Taken:	
EXAM 2: Com		Written Exam	Date Taken: Date Taken:	- CDCM
EXAM 3: Comp	outer Exam	Written Exam		
BRIDGE: Com	outer Exam	Written Exam	Date Taken:	CERTIFIED PRINTEGGIONAL IN SUPPLY MANAGEMENT
For <b>CPSD™</b> Exam				
CPSD™ EXAM:	Computer Exam	Written Exar	n Date Taken:	CPSD CERTIFIC MOTESSICHAL IN SUPPLIER DIVERSITY
Testing Location	:			
			City and State	
If exam was taken	ONSITE, please l	ist organization or co	mpany name:	
I would like my sc	ores (choose one	e): emailed	faxed	
Processing Fee:	<b>\$25.00</b> (for up	to 4 score reports)		
FORM OF PAYMEN	NT (pre-payment	is required):		
Visa Ma	aster Card	American Express	Check	
Card #			Exp. Date:	<i></i>
I certify that I am the number, or email indi		gnature appears below. I	also authorize ISM to relea	ase my scores to the address, f
Signature:			Date:	·····
Mail fay or email sco	re request to:			

Mail, fax, or email score request to:

ISM - Certification Dept., 2055 E. Centennial Cir, Tempe, AZ 85284

Fax: 480/752-7890 Email: certification@ism.ws