Official Score Transfer Request Form

You may use this form to request that ASWB send an official copy of your exam results to an additional licensing board after you have passed the examination. **COST: $40.00(US) nonrefundable fee for EACH board specified.**

By phone: Call 888.579.3926 to order your official score transfer. Only credit card payments (Visa, MasterCard, Discover) will be accepted. **Payment must be made at the time the order is placed.**

Online: Go to https://www.aswb.org and click on "Exam Candidates" on the opening page. Only credit card payments (Visa, MasterCard, Discover) will be accepted when ordering online

By mail: Fill out this form **completely** and mail to ASWB with a certified check, money order or credit card information (Visa, MasterCard, Discover). **No personal checks will be accepted.** Mail to: ASWB Candidate Services, PO Box 1508, Culpeper, VA 22701.

By fax: Fill out this form **completely** and fax to ASWB at 540.829.0142. Be sure to fill out the credit card payment information. Only credit card payments (Visa, MasterCard, Discover) will be accepted when ordering by fax.

Please complete the following with your CURRENT information.

Last Name: _____First Name: _____ MI: _____

SSN (US)/SIN (Canada): _____

Address: _____

_____

Daytime telephone: _____

Birthdate: ☐☐☐☐☐☐☐☐

Email Address: _____

If your information was different at the time you tested, please provide the original information below.

Last Name: _____ First Name: _____ MI: ____

Address: _____

_____

IMPORTANT: If your name has changed since you took the ASWB exam, name change documentation is required. You will need to submit the name change documentation along with this form.
Certified Copies of Legal Documentation accepted: Marriage certificate, divorce decree, or court ordered document.

PAYMENT INFORMATION

Card Number:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Last three digits from back of card ☐☐☐

EXP DATE: (month/year) ☐☐☐☐

Cardholder's billing ZIP/Postal code: _____

Cardholder's name: _____

Cardholders' Signature: _____

SCORE TRANSFER INFORMATION

Indicate below the state(s)/province(s) to which the score report should be sent:

State(s)/Province(s):

TOTAL: _____ score transfers @ $40.00 each = 0

Exam taken:

- ☐ Associate
- ☐ Bachelors/Basic
- ☐ Masters/Intermediate
- ☐ Adv. Generalist/Advanced
- ☐ Clinical

Date taken: (month/year) ☐☐☐☐☐☐

I attest that all the information provided in this score transfer order is true and accurate. I further attest that I am transferring my scores for the purpose of submitting an application for licensure with one of the licensing jurisdictions of Canada, the United States, or a U.S. territory. I understand that the board should receive the score report within seven to ten business days. It is my responsibility to follow up with the board to be sure that the report has been received. I understand that I must contact ASWB within 60 days of placing the order if the score report has not been received by the board. If I do not contact ASWB within this 60-day time frame, I will have to pay the US$40 fee to reorder the score transfer report.

Signature: _____ Date: _____