

Appeal Request Form

All requests for appeal must be submitted to National Restaurant Association, Exam Administration Department 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, Exam Administration Department, 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 _____

Last 4 digits of SSN _____
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 _____

