



# WREB

A National Dental and Dental Hygiene Testing Agency

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## SCORE REQUEST FORM

Date of Request: \_\_\_\_\_

Name at Time of Exam: \_\_\_\_\_ Current Name: \_\_\_\_\_

SSN#: \_\_\_\_\_ Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ / \_\_\_\_\_

Exam Date: \_\_\_\_\_ Candidate Number: \_\_\_\_\_  
(If Known)

Exam Location: \_\_\_\_\_

Check Type of Exam you are ordering:

Dental Exam \_\_\_\_\_ Was this a "section only" exam? Yes \_\_\_\_\_ No \_\_\_\_\_

Dental Hygiene Exam \_\_\_\_\_ Anesthesia Exam \_\_\_\_\_ Restorative Exam \_\_\_\_\_

Requested Exam Information Is to Be Sent To: \_\_\_\_\_

Address: \_\_\_\_\_

Please Check Your Choice (**Money Order or Cashier's Check Only. NO PERSONAL CHECKS**):

\_\_\_\_\_ Exam Content Explanation ..... \$75.00/request

\_\_\_\_\_ Detailed Scores ..... \$30.00/request

\_\_\_\_\_ Duplicate Success Card (exams prior to 2010 ONLY) ..... \$25.00/card

\_\_\_\_\_ Sealed Success Report being sent to a **WREB member state board** for exams starting **2010**  
1<sup>st</sup> request during exam yr. (free) ..... \$25.00/thereafter

\_\_\_\_\_ Sealed Success Report sent to a **WREB NON-member state board** for exams starting **2010**  
..... \$25.00/request

\_\_\_\_\_ Certificate of Passing ..... \$25.00/certificate

\_\_\_\_\_ Individual Performance Report (only available back to 2004) ..... \$25.00/report

\_\_\_\_\_ Dental Hygiene Summary Profile Sheet ..... \$40.00/summary  
**(Unsuccessful candidates only)**

**Forward this Form and the Appropriate Fee to WREB at the Above Address.**

**Requests can only be made by the person who took the exam. By signing below, you are certifying you are that person. If you are a 3<sup>rd</sup> party requesting information about someone's score, you must have them complete this form and sign it, or attach a Release of Information form.**

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