



**National League
for Nursing**

DUPLICATE SCORE REPORT ORDER FORM

STUDENT NAME: _____

STUDENT ADDRESS: _____

SSN# _____

PHONE # _____

TEST TAKEN _____

TEST DATE _____

TEST SITE _____

ADDRESS OF COLLEGE TO SEND TO

Office of Admissions and Records

CREDIT CARD TYPE: _____

CREDIT CARD NUMBER _____

EXP DATE _____

NAME ON CARD _____

CSC _____

***Your credit card will be charged a
\$25.00 Fee**

Please return your form via Fax or Email
Fax to: 618-453-3333

Email to: customerhelp@nlm.org