



Certificate Reprint Request

Please mail, email, or fax the Certificate Reprint Request form to:		
Mail: Meazure Learning PO Box 570 Morrisville, NC 27560	Email: candidatesupport@meazurelearning.com Fax: 919-361-2426	
<u>Name of the Certification Exam or Client:</u>		
<u>Please include your Full Name (First / Last):</u>		
<u>Billing Information:</u>		
Street Address:		
City:	State/Province:	Zip:
Country:		
Daytime Phone Number:		
<u>Signature Authorization for Payment:</u>		
<p><i>I authorize Meazure Learning to process my payment (Credit card/Check/Money Order) for \$15.00 for the reprinting of my Certificate.</i></p> <ul style="list-style-type: none"> ✓ <i>If paying by Credit Card, Meazure Learning will contact me for Credit card information via telephone (at the Daytime Phone number listed above) once this signed request form is received.</i> ✓ <i>If paying by Check, there is a 15-day check hold, before the certificate is mailed.</i> 		
Signature:		Date:

(Below is an Internal Section for Meazure Learning Staff)

<u>Authorized Name On Payment:</u>			
First:		Last:	
<u>Payment Method:</u>			
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex Card ID _____ (Security Code on Back)			
<input type="checkbox"/> Money Order <input type="checkbox"/> Check Chk/ MO # _____			
<u>Credit Card Number:</u>			
<u>Expiration Date:</u>			