



International Association of Assessing Officers **EXAM RE-GRADE REQUEST FORM**

Applicant Information

Please print, type, or attach business card:

Member ID # (If applicable) _____ Last 4 Digits of Social Security # _____
Name _____ Jurisdiction/Firm _____
Address _____
City _____ State /Prov. _____ Zip/Postal Code _____ Country _____
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Please provide exam information below

Exam number and name: _____
Date of the exam: _____
City and state where the exam took place: _____
Signature: _____ Date: _____

Method of Payment

Payment must accompany the order.

Enclosed is a check for \$50.00 (Make checks payable to IAAO, US funds only.)

Charge my credit card for \$50 Visa MasterCard AmEx

Card Number _____ Expiration Date _____ CSC Code _____

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Returned check charge is \$25. No refund or transfers allowed.

Submission

Check: Mail to 314 W. 10th St., Kansas City, MO 64105 Credit

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