



## DETAILED SCORE REPORT REQUEST FORM (CONT'D)

TEST SITE NUMBER	TEST DATE	NAME OF REQUESTOR
------------------	-----------	-------------------

### CANDIDATE RELEASE STATEMENT

**Notice to Candidate:** By signing this form, you are giving your permission to the National Commission for the Certification of Crane Operators (NCCCO) and International Assessment Institute to release the details of your test scores directly to the person listed above as the "Requestor."

CANDIDATE NAME (printed)	SOCIAL SECURITY # (last four)*	CANDIDATE RELEASE SIGNATURE
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		

\* Last four digits of Social Security Number are required to assure correct candidate identification.