

Appeal Request Form

All requests for appeal must be submitted to National Restaurant Association's (Association) Service Center within 30 days of the original incident. This will be reviewed and a final decision made within 30 days of the Association's receipt of this form.

Please mail or fax completed form and statement to National Restaurant Association, Service Center, 175 West Jackson Boulevard, Suite 1500, Chicago, IL 60604-2814, or fax it to 866.665.9570 (toll-free) or 312.583.9853 (local direct).

Please type or print clearly

Date Submitted		
Last Name	First	M.I.
Address/Suite Number		
City	State	ZIP
Contact	Email	
Social Security Number		
and/or		
Proctor Registration Number (if applicable)		
Exam Session Number or Name of Course		

Appeal is requested for the following reason(s):

(Please attach additional page(s) if necessary)

Please attach a personal statement describing your reason(s) for appeal.

Signature of Requestor

Date

Association Internal Use Only

Date Appeal Request Received at the Association

Received By