

IQEX Score Forward Request

Please complete this form and send \$25 to the address shown below. All fees must be in U.S. dollars. Certified Check or Money Order must be drawn on a U.S. bank.

NASBA Attn: IQEX PO Box 198469 Nashville, TN 37219-8469

Requests are processed once a month. If you have any questions, contact our office by e-mail at iqex@nasba.org or call 866-MY-NASBA or 615-312-3781.

	To be completed by successful	IQEX candidate (Please type	or print legibly)
Last Name	First Name	Middle Initial	IQEX File Number
Street Address			Examination ID Number
City	State/Province	Zip/Postal Code	
Daytime Phone Number	e-mail	Address	
Is this a new address?	Yes No		
Applied for IQEX ba	sed on: ICAA Aus	tralian CPACICA	IMCP ICAI
Do you already hold a	a CPA license or certificate in	any U.S. jurisdiction? Y	es No
Year you passed IQE	X: (year examina	ation taken, not when score	was received)
Did you take the exan	nination under another name?	YesNo	
If so, what name?			
	nal Association of State Board g my scores on the Internation	- ,	to provide any and all pertinent on (IQEX) to:
Board of Accountancy			
Mailing Address			
City	State	Zip Code	
Candidate Signature	Date		