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		