

**CANDIDATE SCORE TRANSFER FORM**

August 2009

NAME	_____			
	First Name	Middle Name	Last Name	
Address	_____			
	STREET	CITY	STATE	ZIP
Telephone # ( )	_____	Work # ( )	_____	Other phone # ( )
	_____		_____	_____
Email Address	_____		Social Security #	_____
	_____			_____

**PLEASE READ THE FOLLOWING:**

The purpose of this form is to request that my scores from an exam administered by Morrow & Associates, be transferred to another exam process administered by Morrow & Associates, with respect to the option chosen below. I understand that this form gives Morrow & Associates my permission to transfer my scores regardless of the exam results and/or my eligibility as a candidate. (NOTE: Our office automatically transfers passing TABE scores.)

**PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS:** **POST exam scores from my previous exam with Morrow & Associates**

APPLIES TO ANY EXAM PROCESS WITHIN 12 MONTHS OF THE ORIGINAL TEST DATE.

\*NOTE: The State of Iowa DOES NOT accept POST scores originated from a Nebraska only exam. You must have selected an Iowa Agency of Interest with your original POST exam for it to apply. (Per Iowa Code requirements)

 **Transfer all exam scores to include the POST exam, TABE exam, and Physical Agility exam scores**

\*APPLICABLE ONLY FOR EXAMS WITHIN 30 DAYS OF EACH OTHER. By choosing this option, you will not be required to participate in any portion of the exam process for the selected exam.

**READ BEFORE SIGNING:**

**This form may only be used once you have submitted your completed registration packet and payment.**

By submitting this request, I attest that I have met the passing equivalency standard as applicable to the option selected above, and that I am waiving my rights to participate in the above selected exam(s) to be administered by Morrow & Associates on the exam date listed below. I further understand that this form may only be applied toward the exam date listed below. I understand I must complete a registration packet or registration acknowledgment form and submit the non-refundable registration fee in order to register for the exam and for my score(s) to be transferred.

**The exam date for which I request the score transfer to be applied:** \_\_\_\_\_

**This form must be received on or before the closing date of registration, in accordance with the requested Exam Date.**

**Candidates must meet all minimum qualifications in order to be considered eligible for hire.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

FOR ADMINISTRATION USE ONLY:

Staff: \_\_\_\_\_ Date: \_\_\_\_\_

POST SECT I \_\_\_\_\_ SECT II \_\_\_\_\_ SECT III \_\_\_\_\_ SECT IV \_\_\_\_\_ P/F: \_\_\_\_\_ eff date: \_\_\_\_\_

TABE Reading: \_\_\_\_\_ Language: \_\_\_\_\_ AVG: \_\_\_\_\_ P/F: \_\_\_\_\_ eff date: \_\_\_\_\_

PHYSICAL AGILITY TIME: \_\_\_\_\_ P/F: \_\_\_\_\_ eff date: \_\_\_\_\_