



AMERICAN BOARD OF RADIOLOGY

Verification Request Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address to which document should be sent: \_\_\_\_\_

Email address \_\_\_\_\_

Phone number: \_\_\_\_\_ ABR ID number (if known): \_\_\_\_\_

Only applicable if you are requesting a self-verification letter

Is the verification letter for state licensing/permit purposes?  Yes  No

If yes, does the letter need to include your previous exam results?  Yes  No

If yes, please note that by submitting this request, you are authorizing the ABR to release your passed exam results.

PAYMENT OPTIONS

Please note that the ABR cannot accept credit card forms by email.

Check  VISA  MasterCard  American Express

Name as it appears on your credit card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card# (no spaces):

Grid for credit card number: 16 empty boxes

Expiration Date: \_\_\_\_\_

Amount Authorized: \_\_\_\_\_

Self-Verification: \$30.00

Third-Party Verification: \$100.00

Signature of Cardholder: \_\_\_\_\_

If your payment is declined for any reason, there will be a \$100 processing fee.

Mail or fax this form to:

THE AMERICAN BOARD OF RADIOLOGY
5441 E. WILLIAMS CIRCLE, TUCSON, AZ 85711
FAX: (520) 790-3200