



# Request for Hand Score of Exam Results

This form will be accepted through Dec. 31, 2025.

This form must be completed by candidates interested in having an exam hand scored. Contact DANB with any questions at 1-800-367-3262.

Mail to: DANB  
Attn: Finance  
444 N. Michigan Ave., Suite 900  
Chicago, IL 60611

Email to: [financefax@danb.org](mailto:financefax@danb.org)  
(Do NOT submit twice or you will be charged twice.)

## Policy

To request a hand score of an exam, the candidate must submit this form with a nonrefundable \$75 fee for each exam so that the form and payment are received by DANB (by mail/email) up to 7 calendar days after the exam results are emailed, or the request will be denied. Results of a hand score are completed within 10 days of receipt of a request. If the hand score results in a reversal of the fail status, the \$75 fee will be refunded to the payer.

If a candidate believes their scores were not properly recorded or wishes to appeal DANB policies relative to eligibility, administrative or exam content/scoring issues, they may submit a [Level 1 Appeal form](#) to DANB.

## Candidate Information

Indicate which exam you would like DANB to hand score \_\_\_\_\_

Date exam taken \_\_\_\_\_

Name \_\_\_\_\_ DANB ID \_\_\_\_\_

Name, if different, at time of application) \_\_\_\_\_

Email (required) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers Office \_\_\_\_\_ Cell or Home \_\_\_\_\_

I hereby officially request that my exam(s) administered by DANB listed above be hand scored. **I understand the \$75 fee required for each exam requested is nonrefundable.**

Signature X \_\_\_\_\_ Date X \_\_\_\_\_

## Payment Information

Candidate's Name \_\_\_\_\_

Hand Score Fee  
3409

Check/Money Order payable to DANB (must include candidate's name and be in U.S. dollars)

Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted) Amount \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_ CVV \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Cardholder's Signature X \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

By signing, the cardholder acknowledges purchase of the aforementioned services by DANB in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. Furthermore, the cardholder understands that the signature obtained on this form shall be used to indicate receipt of purchase of the services by DANB.