



NAME		NCRA MEMBER NUMBER
SIGNATURE		
STREET ADDRESS		
СІТУ	STATE	ZIP
DAYTIME PHONE NUMBER	EMAIL ADDRESS	
REASON FOR CANCELLATION (REQUIRED)		
All cancellations must be received no later than	n the last day of the t	esting period for which you registered.
I hereby request a CANCELLATION of the below	written knowledge te	est:
□ RPR □ RDR □ CRC [CLVS	
l affirm:		
$\hfill \square$ I have read and understand NCRA's exam cancel	llation policy.	
$\hfill \square$ I understand that NCRA will retain a \$35 non-ref	fundable processing fe	e.
☐ I understand that if I have already scheduled ar Pearson Vue directly at home.pearsonvue.com/n assessed an additional \$65 cancellation fee.	1.1	•
All three statements must be marked to complete the	e refund process.	
I would like the refund of my registration fee(s)	: (select one)	
☐ Applied to my membership dues invoice OR		
Refunded to my original form of payment		

If you are requesting a cancellation and refund after the cancellation deadline due to an injury, major illness, family emergency, or other extenuating circumstance, please submit back-up documentation with this form. Examples of adequate back-up documentation include, but are not limited to, doctors' notes, obituaries, and church bulletins. Please note that processing fees will still be applied. Failure to submit your request with back-up documentation will result in the return of your request without consideration.

* The Certification and Testing Department must be contacted no later than 30 days after the last day of the testing period for which you registered for extenuating circumstances to be considered for a late cancellation refund. If you do not contact NCRA within 30 days with extenuating circumstances, your entire registration fee will be forfeited.

SUBMIT TO NCRA

Please save the completed form and send via:

Email: testing@ncra.org

Mail: National Court Reporters Association, 12030 Sunrise Valley Dr., Suite 400, Reston, VA 20191 • Fax: 703-391-0629