



NBEO

NATIONAL BOARD OF EXAMINERS IN OPTOMETRY®

Release Form

Candidate's Information

Candidate Name:

Date of Birth:

OE Tracker:

Today's Date:

Optometry School:

Graduation Year:

Address:

Email Address:

City:

State:

Zip:

Phone Number:

Send Exam Verification to:

Company Name:

C/O:

Address:

City:

State:

Zip:

Email Address:

By signing below, I hereby authorize the release of all of my NBEO examination results to the party specified above. I understand that by submitting this form, I am giving NBEO permission for my exam scores to be shared with the party above. I hereby release from all liability NBEO, its board members, directors, officers, employees, representatives and agents for the release of my exam results to the party listed above.

Candidate Signature: _____

Date: _____