

## ACSR Exam Authorization Form

**Directions:** This form is to be completed by the state Education Director. Use this form to designate an alternate who will be responsible for receiving the ACSR exams and for maintaining the confidentiality of those exams.

Please be aware, that by designating an alternate and allowing the alternate to use your Institutes' Account Number, your state association becomes financially responsible for the full value of the order placed by your designee. Please grant this authority only to individuals in whom you have complete trust and confidence.

As my state's Education Director, I authorize the Institutes to send ACSR exams to the person indicated below. This person will:

- Store the ACSR exams in a secure location before they are administered
- Maintain the confidentiality of the ACSR exams
- Ensure that the ACSR exams are administered according to the guidelines in the *ACSR Exam Administrator's Handbook*
- Return ACSR exams to the Institutes to verify grades

### Alternate

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(continued)

**Education Director**

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
State: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

You can submit your **Exam Authorization Form** by:

Mail to: Sherry Birth -- ACSR Coordinator  
Insurance Institute of America  
720 Providence Road  
P.O. Box 3016  
Malvern, PA 19355  
Phone: (610) 644-2100 ext. 7301

Fax to: Sherry Birth  
(610) 695 – 0881