



**NABP**  
National Association of  
Boards of Pharmacy  
[www.nabp.pharmacy](http://www.nabp.pharmacy)

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## **Authorization for the National Association of Boards of Pharmacy to Release Information to Designated College of Pharmacy**

Schools and colleges of pharmacy must obtain students' permission to receive their individualized NAPLEX or MPJE score results. Please complete the following steps:

1. Distribute this form to students. It may also be emailed.
2. Instruct students to complete and sign the form then return it to the school or college.
3. Schools and colleges should collect forms and create an alphabetized spreadsheet of all students who completed the form.
  - a. The spreadsheet should include the following student information:
    - i. First and last names
    - ii. Unique identifiers
    - iii. The exam for which score results are requested.
4. The forms and the spreadsheet should be sent to NABP's Competency Assessment department via mail or email at [CompAssess@nabp.pharmacy](mailto:CompAssess@nabp.pharmacy).
5. Please note that forms will not be accepted from individual students.

**NABP must receive all authorization forms and accompanying rosters no later than December 31 of the same graduation year.** Requests made outside of this time frame cannot be honored. Reports will be provided to the schools/colleges by the end of the first quarter of the following year. Reports posted for school/college review are considered final and will not be updated to include students that test outside of the reporting window.

*Authorization form follows on next page.*



## Authorization for the National Association of Boards of Pharmacy to Release Information to Designated College of Pharmacy

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Former Name(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_ NABP e-Profile ID \_\_\_\_\_  
(Received at PCOA/NAPLEX/MPJE Registration)

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

1. I voluntarily release and agree to provide to the National Association of Boards of Pharmacy® (NABP®) my full name, all former names, my date of birth, the NABP e-Profile ID, which are set forth herein, and I authorize NABP to utilize such information for the purpose of confirming my identity and identifying my North American Pharmacist Licensure Examination® (NAPLEX®) results and, if requested, my Multistate Pharmacy Jurisprudence Examination® (MPJE®) results. I further authorize NABP to release such identifying information to the school or college of pharmacy described herein.
2. Additionally, I authorize NABP to release my overall NAPLEX score or scores and my MPJE score or scores, if applicable, for the NAPLEX and/or MPJE taken prior to December 31 of the year of my graduation, as well as the NAPLEX scores I achieved in the two areas of competency, to the \_\_\_\_\_ School/ College of Pharmacy, at \_\_\_\_\_ (Address).
3. Except as otherwise permitted or in the event that NABP is legally required to disclose the information that I provide and authorize, NABP will keep confidential and will not disclose any of the information that I release and authorize for use pursuant to this authorization to release form (hereinafter "Form"). This paragraph will survive expiration or revocation of this Form.
4. NABP disclaims all liability and responsibility arising from this Form except to the extent that NABP breaches its responsibilities or is negligent in performing under this Form and only to the extent that the liability or responsibility is caused by such breach or negligent performance. Further, NABP disclaims all liability and responsibility for individuals' or entities' use, maintenance, or disclosure of the information described in the Form, after NABP's valid release of such information.
5. I understand that I may revoke this Form at any time it I sign and send a letter, via certified, registered, or overnight mail with return receipt requested, to the Executive Director/Secretary, National Association of Boards of Pharmacy, 1600 Feehanville Drive, Mt Prospect, IL 60056, or such other address where NABP may be located at the time of sending such letter. Unless I revoke this Form, it is valid for 18 months from the date that I sign the Form.

I, (Print Name) \_\_\_\_\_, certify that the information I provided herein is true and accurate, and that I have read, I understand, and I hereby agree to the terms of this authorization to release form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date