



# IDP Reporting Extension Request

Date: \_\_\_\_\_

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

NCARB Record Number: \_\_\_\_\_

**Reason for Extension:**

- Birth or Adoption of a Child
- Military Service
- Serious Medical Condition
- Exceptional Circumstances (please explain)

\_\_\_\_\_

**Documentation Attached:**

- Birth Certificate
- Adoption Papers
- Military Orders
- Physician's Letter
- Other

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Remit to:** NCARB  
 IDP Reporting Extension Request  
 1801 K Street NW, Suite 700K  
 Washington, DC 20006

Signature \_\_\_\_\_

Date \_\_\_\_\_