

Chartered Institute for Securities & Investment (CISI) Examination Verification Form for Securities Industry Essentials (SIE) Exam Exemption

Complete this form in full. Please note that by submitting this form, you are authorizing CISI to release your exam results to FINRA. Per [FINRA Rule 1210.01](#), this information will be used to determine your eligibility for an SIE exemption. Failure to accurately complete this verification form will delay the exemption process and may result in a denial.

Please email this form to CISI at (datarelease.enquiries@cisi.org) and FINRA (waivers@finra.org).

Candidate Information *(to be completed by candidate)*

Full Name _____

CISI Reference Number _____

Date of Birth _____

Street Address _____

City _____

State _____

Zip Code / Postal Code _____

Country _____

Email Address _____

Current Employer's Name and Address _____

Name and address of employer(s) when you sat for the CISI examinations. (Please provide name of exam unit taken and employer's name and address if more than one employer.)

Candidate's Signature and Date _____

CISI will send a report directly to [FINRA](#) and to you at the email address you have provided above.