Archived AP Scores Request Form

Four years after your test date, your AP scores are removed from our active computer files and archived. Please complete the following information on this form and return the form with payment by mail or fax (see below).

Your AP score report will be mailed via first-class mail within 7 to 10 business days after we receive your request. A confirmation copy of your AP score report will be sent to your home address.

Your name at the time you took the exam: _______________________________________________________________

AP number (if known): ______________________________________________________________________________

Date of birth: ______________________________________________________________________________________

Social security number (optional): _____________________________________________________________________

Current mailing address: **Street:**

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>ZIP Code/Postal Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Daytime phone number: ____________________________

The year the exam was taken: _____________________

Name of the exam: ________________________________

Name, city and state of the high school you attended: ___________________________________________________

Which institution(s) would you like to receive your archived AP scores?

<table>
<thead>
<tr>
<th>College Name:</th>
<th>College Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street:</td>
<td>Street:</td>
</tr>
<tr>
<td>City, State, ZIP Code:</td>
<td>City, State, ZIP Code:</td>
</tr>
<tr>
<td>College Code:</td>
<td>College Code:</td>
</tr>
</tbody>
</table>

The fee is $25 per college.

_____ Enclosed is a check or money order made payable to AP Exams.

_____ Bill my credit card (check one): □ American Express □ Discover □ MasterCard □ Visa

Name on Credit Card: ____________________________

Card Number: ____________________________ Exp. Date: __________

Signature (required for all requests): ____________________________

Return this form to:

Advanced Placement Program
P.O. Box 6671, Princeton, NJ 08541-6671
Fax: 610-290-8979

[CollegeBoard logo]