

AP Archived Score Request Form

Four years after your last AP[®] Exam, your AP scores are archived and are then no longer viewable in our online score reporting system. To request that your archived scores be sent to a college, university, or scholarship program, or to request only a personal copy of your scores, complete this form, and return it with your payment by mail or fax to the address or number indicated below. You can't order archived score reports online.

Your AP score report will be sent by first-class mail to the institution(s) you designate on this form within 15 business days of receipt of your request (overnight/express mailing service is not available). A confirmation copy of your AP score report will also be sent to your mailing address.

TEST-TAKER INFORMATION (Please print clearly.)

Your name at the time you took the exam

Date of Birth

AP ID/AP Number (if known)

Year of Last AP Exam Taken

Name(s) of the Exam(s) Taken

Name(s), City (or Cities), and State(s) of Your High School(s)

Signature (Signature of student or parent/guardian required for processing request)

Date

CURRENT MAILING ADDRESS

Street Address

City

State/Province

Zip/Postal Code

Country

Phone Number

Email

Street Address at Time of Testing (if different)

City at Time of Testing

State/Province

Zip/Postal Code

Country

SCORE REPORT REQUEST

Check here if you want to receive a copy of your score report **only** at your mailing address. If so, don't complete the institution information below.

You may order up to two archived score reports per form, not including your personal copy. Provide the following information for the institution(s) to which you want to send your archived scores.

College Code

College Name

Street Address

City

State

Zip/Postal Code

Country

College Code

College Name

Street Address

City

State

Zip/Postal Code

Country

PAYMENT INFORMATION

The fee for archived score reports is **\$25 per report**. If you designate one or more institutions above, you will receive your personal confirmation copy at no additional charge. If you choose to **only** receive a personal copy at your mailing address, you must still include payment of \$25. Indicate your method of payment below. **Return this completed form with your payment.** (Note the mailing address for each method.)

_____ Check/Money Order made payable to **College Board:**
Mail check/money order to College Board, P.O. Box 21535,
New York, NY 10087-1535.

_____ Charge my credit card:
Mail credit card payments to AP Services, P.O. Box 6671,
Princeton, NJ 08541-6671 or fax 610-290-8979.

Check One: American Express Discover MasterCard Visa

Name on Credit Card _____

Card Number _____

Exp. Date _____