

## **AP** Archived Score Request Form

If you took your last AP® Exam before 2018, your AP scores are archived and are then no longer viewable in our online score reporting system. For a fee of \$25 per report, you can request that your archived scores be sent to a college, university, or scholarship program, or request only a personal copy of your scores.

To request your archived scores to be sent, please print all fields on this form except "Signature" and mail it to AP Services, P.O. Box 6671, Princeton, NJ 08541-6671 or fax it to 610-290-8979.

Your archived 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.

If you took an AP Exam in 2018 or later, go to apscores.org to request your scores be sent to a college.

## **TEST-TAKER INFORMATION** (Please print clearly.)

Your name at the time you took the exam

Zip/Postal Code

| 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         | s) of Your High School(s)                   |       |
| Signature (Signature of student or parent/guar | dian required for processing request)  Date |       |
| CURRENT MAILING AD                             | DRESS                                       |       |
| Street Address                                 |   |       |
| City   | State/Province                              |       |
| Zip/Postal Code Country                        |   |       |
| Phone Number                                   |   |       |
| Email  |   |       |
|  |   |       |
| Street Address at Time of Testing (i           | f different)                                |       |
| City at Time of Testing                        | State/Prov                                  | /ince |

## **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/University/Scholarship Program Code  |
|--|
| College/University/Scholarship Program Name  |
| Street Address   |
| City State   |
| Zip/Postal Code Country  |
| College/University/Scholarship Program Code  |
| College/University/Scholarship Program Name  |
| Street Address   |
| City State   |
| Zip/Postal Code Country  |
| PAYMENT INFORMATION The fee for archived score reports is \$25 per report.   |
| <ul> <li>If you designate one or more institutions above, you'll receive your personal confirmation copy at no additional charge.</li> </ul> |
| <ul> <li>If you choose to only receive a personal copy at your mailing address,<br/>your credit card will be charged \$25.</li> </ul>        |
| Credit card is the only acceptable form of payment for this service.   |
| Check One: ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa   |
| Name on Credit Card  |
| Card Number  |
| Exp. Date  |