AP Multiple-Choice Rescore Service Form

For a fee of $30 per exam, you may request to have your multiple-choice answer sheet rescored by hand. The resulting score is compared with the originally reported score. In the event of a difference, the new score will prevail, and all score recipients will be notified. You will receive a letter confirming the results of the rescore six to eight weeks after your request is received.

IMPORTANT NOTIFICATIONS
• AP® scores of 1–5 represent the composite score of the two exam sections. Raw scores for the individual multiple-choice or free-response sections are not available. The free-response section is not rescored.
• Multiple-choice rescores may result in higher or lower scores than first reported. Results are final and will automatically be rereported to all designated score recipients.
• You cannot appeal or reorder a multiple-choice rescore.

By signing this form, you confirm that you agree with the terms and conditions on this form. You also certify that you are the person (or the parent/guardian of the person) whose personal information is being provided for this service.

Provide the information requested, and mail or fax this form to the appropriate address or fax number below. Please print all of the fields except “Signature.”

We must receive your request for this service by October 31 of the year you took the AP Exam(s).

TEST-TAKER INFORMATION (Please print clearly.)

Last Name ____________________________ M.I. ____________________________ First Name ____________________________

Street Address ____________________________ City ____________________________ State/Province ____________________________

Zip/Postal Code ____________________________ Country ____________________________

Phone Number ____________________________ AP ID ____________________________

Email ____________________________

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

PAYMENT INFORMATION 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 ____________________________

*Please note: If you took this as a digital exam, this service is not available.