

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

Your name at the time you took the example.	n	
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 re	equired for processing request) Date	
CURRENT MAILING ADDR	ESS	

(Please print clearly.)				
	College/University/Scholarship Program Code			
AP ID/AP Number (if known)	College/University/Scholarship Program Name			
	Street Address			
	City State			
r High School(s)	Zip/Postal Code Country			
d for processing request) Date	PAYMENT INFORMATION			
S	 The fee for archived score reports is \$25 per report. If you designate one or more institutions above, you'll receive your personal confirmation copy at no additional charge. 			
	 If you choose to only receive a personal copy at your mailing address, your credit card will be charged \$25. 			
	Credit card is the only acceptable form of payment for this service.			
State/Province	- Check One: American Express Discover MasterCard Visa			
	- Name on Credit Card			
	Card Number			
	Exp. Date			
	Lxp. 5000			
nt)	-			

City at Time of Testing

Street Address

Zip/Postal Code

Phone Number

Country

Street Address at Time of Testing (if different)

City

Email

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/University	/Scholarship Pro	gram Name		
Street Address				
City			S	itate
Zip/Postal Code	Country			
College/University	//Scholarship Pro	gram Code		
College/University	//Scholarship Prog	gram Name		
Street Address				
City			S	itate
Zip/Postal Code	Country			
PAYMENT IN	FORMATIO	N		
The fee for archive				
 If you designate confirmation co 	one or more insti py at no additiona		you'll receive you	r persona
 If you choose to your credit card 	only receive a pe will be charged \$		your mailing addı	ress,
Credit card is the c	only acceptable fo	rm of payment	for this service.	
Check One:	nerican Express	□ Discover	□ MasterCard	□ Visa
Name on Credit C	ard			
Name on Credit C	ard			
	ard			