



School Code: _____

AP® Score Withholding Form

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. (Archived scores *cannot* be withheld.)

Provide the information requested and mail this form to AP Services at P.O. Box 6671, Princeton, NJ 08541-6671 or fax to 610-290-8979.

Note: If you are using courier mail, send this form to: AP Services, 1425 Lower Ferry Road, Ewing, NJ 08618-1414.

Please print all of the fields except Signature.

First Name: _____ Middle Initial: _____ Last Name: _____ Date of Birth: _____

Name(s) and Year(s) of Exam(s) to Be Withheld: _____

Street Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

Signature: _____ Phone Number: _____ Email: _____
(Signature of Student or Parent/Guardian required for processing request)

School Name: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

Fill in the circle(s) next to the AP Exam score(s) to be withheld.

Exam Code	Exam Name	Exam Code	Exam Name	Exam Code	Exam Name
<input type="radio"/> 07	U. S. History	<input type="radio"/> 36	English Language and Composition	<input type="radio"/> 66	Calculus AB
<input type="radio"/> 13	Art History	<input type="radio"/> 37	English Literature and Composition	<input type="radio"/> 68	Calculus BC
<input type="radio"/> 14	Studio Art-Drawing	<input type="radio"/> 40	Environmental Science	<input type="radio"/> 75	Music Theory
<input type="radio"/> 15	Studio Art-2-D Design	<input type="radio"/> 43	European History	<input type="radio"/> 78	Physics B
<input type="radio"/> 16	Studio Art-3-D Design	<input type="radio"/> 48	French Language and Culture	<input type="radio"/> 80	Physics C: Mech.
<input type="radio"/> 20	Biology	<input type="radio"/> 53	Human Geography	<input type="radio"/> 82	Physics C: Electricity and Magnetism
<input type="radio"/> 22	Seminar	<input type="radio"/> 55	German Language and Culture	<input type="radio"/> 83	Physics 1
<input type="radio"/> 23	Research	<input type="radio"/> 57	Government and Politics: U.S.	<input type="radio"/> 84	Physics 2
<input type="radio"/> 25	Chemistry	<input type="radio"/> 58	Government and Politics: Comparative	<input type="radio"/> 85	Psychology
<input type="radio"/> 28	Chinese Language and Culture	<input type="radio"/> 60	Latin	<input type="radio"/> 87	Spanish Language and Culture
<input type="radio"/> 31	Computer Science A	<input type="radio"/> 62	Italian Language and Culture	<input type="radio"/> 89	Spanish Literature and Culture
<input type="radio"/> 32	Computer Science Principles	<input type="radio"/> 64	Japanese Language and Culture	<input type="radio"/> 90	Statistics
<input type="radio"/> 34	Microeconomics			<input type="radio"/> 93	World History
<input type="radio"/> 35	Macroeconomics				

Check the appropriate box(es) below.

College Indicated on My Answer Sheet: I would like to withhold my score(s) from the college indicated on my registration answer sheet for the exam(s) indicated above. I am providing payment of \$10 per score. I understand that AP Services must receive my form and payment by **June 15 of the year in which I took the exam(s).**

New College – Not Indicated on My Answer Sheet: I would like to withhold my score(s) for the exam(s) indicated above when sending my score report to the college noted below. I am providing payment of \$10 per score in addition to the score send delivery fee checked below.

Note: Exact delivery date will depend on when your request is received and the location of your recipient.

\$15: Standard Delivery (approximately 7 to 14 business days) \$25: Rush Delivery (approximately 5 to 9 business days)

College Code: _____ College Name: _____

Street Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

Payment Information

 Indicate your method of payment below.

_____ Check/Money Order made payable to **AP Exams**

_____ Charge my credit card: (check one) ___ American Express ___ Discover ___ MasterCard ___ Visa

Name on Credit Card: _____

Card Number: _____ Exp. Date: _____

Note: You may release a withheld score by mailing or faxing a signed written request to AP Services. There is no charge to release, but you must pay the fee to have the score sent.