



# AP® Archived Score Request Form

Four years after your last AP® Exam, your AP scores are archived and are 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 cannot order archived score reports online.

Your AP score report will be sent by first-class mail to the institution(s) you designate below 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.

Your name at the time you took the exam: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ AP Number(if known): \_\_\_\_\_ Social Security Number (optional): \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Student or Parent/Guardian required for processing request)

## Current Mailing Address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Score Report Request

Check the box if you wish to receive a copy of your score report **only** at your mailing address. If so, do not 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 Name: \_\_\_\_\_ College Name: \_\_\_\_\_

Street: \_\_\_\_\_ Street: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_ City, State, ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_ Country: \_\_\_\_\_

College Code: \_\_\_\_\_ College Code: \_\_\_\_\_

## 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 **only** to receive a personal copy at your mailing address, you must still include payment of \$25. Indicate your method of payment below.

\_\_\_\_\_ Check/Money Order made payable to **AP Exams** (payment accepted by mail only)

\_\_\_\_\_ Charge my credit card (check one):  American Express  Discover  MasterCard  Visa

Name on Credit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Return this form with your payment (checks or money orders must be submitted by mail, not fax) to:**

**AP Services, P.O. Box 6671, Princeton, NJ 08541-6671, Fax: 610-290-8979**

**Note:** If you are using courier mail, return materials to: AP Services, 1425 Lower Ferry Road, Ewing, NJ 08618-1414.