



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 mailed 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 of the Exam Taken: _____

Name, City, and State of Your High School: _____

Signature: _____ Date: _____

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

Current Mailing Address

Street Address: _____

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

Phone Number: _____

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, there is no additional charge for your personal confirmation copy. If you choose **only** to receive a personal copy at your mailing address, please remember to 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

© 2015 The College Board. College Board, AP, and the acorn logo are registered trademarks of the College Board.