

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 clearly.)

Your name at the time you took the exam

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.

6870

College/University/Scholarship Program Code

College/University	//Scholarship Pro	ogram Name		
4434 Universit	y Drive			
Street Address				
Houston				Texas
^{City} 77204	USA			State
Zip/Postal Code	Country			
College/University	//Scholarship Pro	ogram Code		
College/University	//Scholarship Pro	ogram Name		
Street Address				
City				State
Zip/Postal Code	Country			
PAYMENT IN	FORMATI	ОN		
The fee for archive	ed score reports	is \$25 per repo r	t.	
 If you designate confirmation co 	e one or more ins opy at no addition		you'll receive y	our personal
 If you choose to your credit card 	o only receive a p I will be charged \$		your mailing a	ddress,
Credit card is the o	only acceptable f	orm of payment	for this servic	e.
Check One: 🗆 Ai	merican Express	Discover	□ MasterCa	ırd 🗆 Visa
	ard			
Name on Credit C				
Name on Credit C				

Date of Birth	te of Birth AP ID/AP Number (if known)		
Year of Last AP Exam Taken			Street Address
Name(s) of the Exam(s) Taken			City
Name(s), City (or Cities), and State(s)	of Your High School(s)		Zip/Postal Code
Signature (Signature of student or parent/guardia	an required for processing request)	Date	PAYMENT
CURRENT MAILING ADD	RESS		The fee for archIf you designation
Street Address			 If you choose your credit ca
			Credit card is th
City	State/Province		Check One: 🛛
Zip/Postal Code Country			Name on Credit
Phone Number			Card Number
Email			Exp. Date
Street Address at Time of Testing (if c	different)		
City at Time of Testing		State/Province	

Zip/Postal Code Country