

# AP Archived Score Request Form

Four years after your last AP<sup>®</sup> Exam, your AP scores are archived and are then 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 can't order archived score reports online.

Your 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.

## TEST-TAKER INFORMATION (Please print clearly.)

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

\_\_\_\_\_  
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 required for processing request)

\_\_\_\_\_  
Date

## CURRENT MAILING ADDRESS

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Zip/Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Street Address at Time of Testing (if different)

\_\_\_\_\_  
City at Time of Testing

\_\_\_\_\_  
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.**

\_\_\_\_\_  
6870  
College Code

\_\_\_\_\_  
University of Houston - Main  
College Name

\_\_\_\_\_  
Office of Admissions (Welcome Center) 4434 University Drive  
Street Address

\_\_\_\_\_  
Houston  
City

\_\_\_\_\_  
Texas  
State

\_\_\_\_\_  
77204-2023  
Zip/Postal Code

\_\_\_\_\_  
USA  
Country

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

\_\_\_\_\_  
College Name

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip/Postal Code

\_\_\_\_\_  
Country

## 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 to **only** receive a personal copy at your mailing address, you must still include payment of \$25. Indicate your method of payment below. **Return this completed form with your payment.** (Note the mailing address for each method.)

\_\_\_\_\_  
Check/Money Order made payable to **College Board:**  
**Mail check/money order to College Board, P.O. Box 21535,**  
**New York, NY 10087-1535.**

\_\_\_\_\_  
Charge my credit card:  
**Mail credit card payments to AP Services, P.O. Box 6671,**  
**Princeton, NJ 08541-6671 or fax 610-290-8979.**

**Check One:**  American Express  Discover  MasterCard  Visa

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

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_