

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.

AP ID/AP Number (if known)

TEST-TAKER INFORMATION (Please print clearly.)

Your name at the time you took the exam

Date of Birth

Year of Last AP Ex	am Taken		
Name(s) of the Ex	am(s) Taken		
Name(s), City (or (Cities), and State(s) of	f Your High School(s)	
Signature (Signature	of student or parent/guardian	required for processing request)	Date
CURRENT M	IAILING ADDI	RESS	
Street Address			
City		State/Province	
City		State/Province	
Zip/Postal Code	Country		
Phone Number			
Email			
Street Address at	Time of Testing (if di	fferent)	
 City at Time of Tes	sting		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

Street Address

College/University/Scholarship Program Code

Office of Undergraduate Admissions - University of Houston (Welcome Ctr)

College/University/Scholarship Program Name

4434 University Drive

Name on Credit Card ____

Card Number _

Exp. Date ___

Houston				Texas	
77204	USA		<u> </u>	State	
Zip/Postal Code	Country				
College/University	//Scholarship Pro	gram Code			
College/University	//Scholarship Pro	gram Name			
Street Address					
City				State	
Zip/Postal Code	Country				
PAYMENT IN	NFORMATIC	N			
The fee for archive	ed score reports is	\$25 per repor	rt.		
 If you designate confirmation co 	one or more inst ppy at no additiona		you'll receive you	r personal	
 If you choose to your credit card 	o only receive a pe I will be charged \$		your mailing add	ress,	
Credit card is the	only acceptable fo	orm of payment	for this service.		
Check One: □ A	merican Express	☐ Discover	☐ MasterCard	□ Visa	