

SAT Archived Score Report Order Form

____/____/____ This form is valid only through **June 30, 2020**.
Today's Date (MM/DD/YYYY)

Use this form to order archived score reports for the SAT[®] and the SAT Subject Tests[™] (generally applies to scores earned before 2004).

1. Please date the form above and fill in the information below carefully; incomplete forms will not be processed.
2. Mail the form and payment to: **SAT Program, P.O. Box 7503, London, KY 40742-7503**. Forms submitted without payment or after June 30, 2020, will be returned.

We will mail results within five weeks of receiving your request to you and to any score recipients you identify on this form.

TEST-TAKER INFORMATION (Please print clearly)

Last Name

First Name M.I.

Street Address

City State

Country Zip/Postal Code

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Phone Number Date of Birth Gender

Email Address

High School Graduation Year

____/____/____
Most Recent Test Date Registration Number

SCORE RECIPIENTS

Enter the four-digit code for each college, university, or scholarship program that you want to receive your official SAT score report. A list of codes is provided at collegeboard.org/sat-codes and in *The SAT and SAT Subject Tests Code List* available at your local high school.

PAYMENT INFORMATION

Optional Rush Service

If you need your results sent more quickly, you can order rush reports. Once your request is received and processed, rush reporting sends your score report within two business days (i.e., not counting holidays and weekends) either electronically or by first-class mail, depending on how each institution receives scores. Not all colleges or universities can accept rush reports—check before ordering. The fee for this optional rush service is \$31.

____ **Total Number of Score Recipients** × \$12.00 = \$ _____
Score Report Fee

Plus (+) Archive Retrieval Fee (required with every order) \$ 31.00

Plus (+) Rush Reporting (optional) \$31 \$ _____

Total Amount Due = \$ _____

TEST-TAKER INFORMATION AT TIME OF TESTING

(Please print clearly. If your information has not changed, leave blank.)

Last Name at time of testing

Street Address at time of testing

City State

Country Zip/Postal Code

Indicate below how you are paying for your order:

- Check or money order made payable to **College Entrance Examination Board**
- Visa MasterCard American Express
- Discover/Diners Club JCB

For credit cards, fill out the information below:

_____/_____
Credit Card Number Expiration Date

Name of Cardholder

Signature of Cardholder (required for credit card payments)

In the unlikely event that your archived scores cannot be located, we will refund your payment minus the minimum \$31 archive retrieval fee.