

SAT Archived Score Report Order Form

/ / Today's Date (MM/DD/YYYY)	This form is valid only through June 30, 2024 .
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 won't be processed.
- 2. Mail the form and credit card payment to: **SAT Program, P.O. Box 025505, Miami, FL 33102** Forms submitted without payment or after June 30, 2024 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)		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.			
Last Name					
First Name		M.I.			
Street Address					
Street Address					
City		State			
			PAYMENT INFORMATION		
Country		Zip/Postal Code	on this form.	re and used only for the transactions	
Phone Number	Date of Birth	Gender	Optional Rush Service		
				e quickly, you can order rush reports.	
Email Address		Once your request is received and the search is performed, usually within two business days (i.e., not counting holidays and weekends),			
				counting notidays and weekends), cally or by first-class mail, depending	
High School Graduation	 Year			scores. Not all colleges or universities	
1 1			can accept rush reports—check b		
Most Recent Test Date	Registration Number		optional rush service is \$31.		
TEST-TAKED INC	ORMATION AT TIM	IE OE TESTING	Total Number of Score Recip	ients × \$14= \$ Score Report Fee	
	your information has not		Archive Re	etrieval Fee (required) + \$ 31.00	
Name at time of testing			Rush Reporting (optional) \$31 + \$		
Traine at time of tooting				Total Amount Due = \$	
Street Address at time of	testing		Versional and house Plane	of Cilian Indiana to Comment and the class	
			You must pay by credit card. Pleas		
City		State	Visa MasterCard Am Discover/Diners Club JC	erican Express B	
Country		Zip/Postal Code			
,		·		/	
High School at time of te	sting		Credit Card Number	Expiration Date	
High School Location (cit	ty and state/country) at time o	of testing	Name of Cardholder		
			Signature of Cardholder (required for c	credit card payments)	
			In the event that your scores canr	not be located, the Archive Retrieval	
For official use only. Do not write inside this box.			Fee will be refunded upon request.		