

# SAT Request to Cancel Test Scores

**Fax: 610-290-8978**

**Use this form only if you wish to cancel scores for the SAT® or SAT Subject Tests™.**

Complete this form and give it to the associate supervisor before you leave the testing room. You may cancel scores after you leave, but your request must be received no later than 11:59 p.m. U.S. ET on the fourth weekday following your test day. Confirm the deadline that applies to you with your supervisor.

Completing and submitting this form will cancel ALL scores for ALL tests taken on the day in question, except in the case of equipment failure while taking an SAT Subject Test. If your calculator or CD player malfunctions, you will be allowed to cancel scores for the one SAT Subject Test that requires the equipment. You must have communicated the equipment failure to the associate supervisor during the actual test, not afterwards.

Once we receive your cancellation request, we cannot reinstate your scores, and they will not be reported to you or to your designated institutions.

## STUDENT: PLEASE PRINT

Please cancel my: \_\_\_\_\_ SAT \_\_\_\_\_ All SAT Subject Tests \_\_\_\_\_ Single SAT Subject Test (equipment failure)\*

\*\*I tested in:  August  October  November  December  
 March  May  June  Other (give date)\_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Test Center Number: \_\_\_\_\_ Test Center Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Request to cancel test scores for equipment failure or illness must be signed by the associate supervisor. Associate supervisor's signature is NOT required if a student cancels scores for any other reason.

\*\* If this is a makeup test, check the month you registered for.

### IMPORTANT: Associate supervisor action required for cancellation because of equipment failure or sudden illness.

If this is a cancellation because of sudden illness or cancellation of a single SAT Subject Test score due to equipment failure, you must note this on the Supervisor's Irregularity Report (SIR) and signify this action by signing below:

I noted this cancellation on the SIR Associate Supervisor's Signature: \_\_\_\_\_  
(required for single Subject Test cancellation or sudden illness)

**STUDENT:** Fax your **signed** request to 610-290-8978, or send by overnight mail to:

SAT Program, Score Cancellation, 1425 Lower Ferry Road, Ewing, NJ 08618

