

# State-Provided SAT<sup>®</sup> School Day Request to Cancel Test Scores

# SAT<sup>®</sup>

**Fax: 610-290-8978**

**Use this form only if you wish to cancel scores for the SAT or SAT with Essay.**

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. Eastern Time on the third business day 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; this form will make your SAT scores not reportable to colleges or scholarship organizations. However, your state, district, and school will still receive them as part of a testing initiative.

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

## TEST-TAKER: PLEASE PRINT

Please cancel my: \_\_\_\_\_ SAT School Day test

\*I tested in:     October         March         April

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: \_\_\_\_\_

Test-Taker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* 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 equipment failure or sudden illness, 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 equipment failure or sudden illness)

**TEST-TAKER:** If submitted after test day, your request **must be received no later than 11:59 p.m. U.S. Eastern Time on the third business day** following your test day. Confirm the deadline that applies to you with your supervisor. 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.

