

## **Archived AP Grades Request Form**

Four years after your test date, your AP grades are removed from our active computer files and archived. Requests for these archived grades must be made in writing, require your signature, and cost \$25 per grade recipient. Please complete the following information on this form and mail or fax to the address or number listed below.

Your name at the time you took th	ne exam		
AP number			
Date of birth			
Social security number (optional)			
Current mailing address			
Daytime phone number			
The year the exam was taken			
Name of the exam			
Name, city and state of the high s	school you at	ttended	
<b>Which institution(s) would vo</b> Arkansas State Un College name _ Mountain Home	iversity -	eceive your archived AP gra	
City, state Mountain Home, Ark		City, state	
College code		College code	
The College Board will send your A the AP Exam in the last six months			no charge if you have taken
The fee is \$25 per college.		o you ongay took you. oxa	
Enclosed is a check or mo	ney order m	ade payable to AP Exams.	
Bill my credit card:			
□ VISA □ Maste	erCard	□ American Express	□ Discover
Name on Credit Card			
Card Number			
Signature (required for all request	s)		
Return this form to:			

Advanced Placement Program P.O. Box 6671 Princeton, NJ 08541-6671

Fax: 610 290-8979

Your AP Grade Report will be mailed via first-class mail within 7 to 10 business days after we receive your request. A confirmation copy of your AP Grade Report will be sent to your home address.