2017-18

AP Score Withholding Form

School Code: _____

By signing this form, you confirm that you agree with the terms and conditions on this form. You also certify that you are the person (or the parent/guardian of the person) whose personal information is being provided for this service. (Archived scores *cannot* be withheld.)

Provide the information requested and mail this form to the appropriate address below.

PLEASE PRINT ALL OF THE FIELDS EXCEPT SIGNATURE.

Last Name | First Name | Middle Initial | Date of Birth

Name(s) and Year(s) of Exam(s) to Be Withheld

Street Address

City | State/Province | Zip/Postal Code | Country

Signature | Phone | Email

School Name

City | State/Province | Zip/Postal Code | Country

Fill in the circle(s) next to the AP® Exam score(s) to be withheld.

Exam Code	Exam Name	Exam Code	Exam Name	Exam Code	Exam Name
○ 07	U. S. History	○ 35	Macroeconomics	○ 66	Calculus AB
○ 13	Art History	○ 36	English Language and Composition	○ 68	Calculus BC
○ 14	Studio Art Drawing	○ 37	English Literature and Composition	○ 75	Music Theory
○ 15	Studio Art 2-D Design	○ 40	Environmental Science	○ 78	Physics B
○ 16	Studio Art 3-D Design	○ 43	European History	○ 80	Physics C: Mechanics
○ 20	Biology	○ 48	French Language and Culture	○ 82	Physics C: Electricity and Magnetism
○ 22	Seminar	○ 53	Human Geography	○ 83	Physics 1
○ 23	Research	○ 55	German Language and Culture	○ 84	Physics 2
○ 25	Chemistry	○ 57	Government and Politics: U.S.	○ 85	Psychology
○ 28	Chinese Language and Culture	○ 58	Government and Politics: Comparative	○ 87	Spanish Language and Culture
○ 31	Computer Science A	○ 60	Latin	○ 89	Spanish Literature and Culture
○ 32	Computer Science Principles	○ 62	Italian Language and Culture	○ 90	Statistics
○ 34	Microeconomics	○ 64	Japanese Language and Culture	○ 93	World History

Check the appropriate box(es) below.

☐ **College Indicated on My Answer Sheet:** I would like to withhold my score(s) from the college indicated on my registration answer sheet for the exam(s) indicated above. I am providing payment of **$10 per score.** I understand that AP Services must receive my form and payment by **June 15** of the year I took the exam(s).

☐ **New College—Not Indicated on My Answer Sheet:** I would like to withhold my score(s) for the exam(s) indicated above when sending my score report to the college noted below. I am providing payment of **$10 per score** in addition to the score send delivery fee checked below.
Note: Exact delivery date will depend on when your request is received and the location of your recipient.

☐ **$15:** Standard Delivery (approximately 7 to 14 business days) ☐ **$25:** Rush Delivery (approximately 5 to 9 business days)

College Code | College Name | Street Address

City | State/Province | Zip/Postal Code | Country

PAYMENT INFORMATION Indicate your method of payment below. Note the mailing address for each method. **Include this form with your payment.**

_____ Check/Money Order made payable to **AP Exams: Mail check/money order to The College Board, P.O. Box 21535, New York, NY 10087-1535.**

_____ Charge my credit card: **Mail credit card payments to AP Services, P.O. Box 6671, Princeton, NJ 08541-6671 or fax 610-290-8979.**

Check one: ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

Name on Credit Card | Card Number | Exp. Date

Note: You may release a withheld score by mailing or faxing a signed written request to the College Board. There is no charge to release, but you must pay the fee to have the score sent.

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