MILITARY TRANSCRIPT/SCORE REPORT ORDER FORM

For CLEP and DSST scores on tests taken after July 1, 1974
($30 fee per transcript/score report)
Please TYPE or PRINT all information requested below.

Mail completed form to: Prometric, ATTN: DSST/CLEP Transcripts/Score Reports, 7941 Corporate Drive, Nottingham, MD 21236 OR if paying by credit card, FAX completed form to: 651-603-3008. Please allow 48 hours for confirmation. For inquiries, please contact: 1-877-471-9860.

Payment/Fee Information

A $30 fee is charged for each order. A transcript/score report may include any or all DSST and CLEP scores taken while in the military.

NOTE: Transcripts/score reports are mailed within three weeks after receipt of the order form at Prometric.

Payment: Fee(s) may be paid by MasterCard, Visa or American Express, certified check or money order, payable to Prometric. Incomplete forms or forms received without the correct fees will be returned. Personal checks, pre-paid cards and cash are not accepted. Fees are nonrefundable.

<table>
<thead>
<tr>
<th>Transcript Orders</th>
<th>Unit Price</th>
<th>X</th>
<th>QTY</th>
<th>=</th>
<th>Total Fee</th>
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<tbody>
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<td>To be sent to Personal Home Address</td>
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Order Total $  

To pay for your transcript with MasterCard, Visa or American Express, please supply the information below:

Credit Card: [ ] VISA [ ] MC [ ] AMEX
Exp. Date (MM / YY) Exp. Date (MM / YY) Exp. Date (MM / YY)

Signature:

Credit Card Number:  

Personal Information (TYPE or Print all information requested below):

Last Name (include Maiden Name or Former Last Names, if applicable)  
First Name  
Middle Initial  
Social Security Number  

Street Address (including Apt. number or P.O. Box, if applicable)  
Date of Birth (MM/DD/YYYY) / /  

City  
State  
ZIP Code  

Phone Number (including area code)  
( )  
Email Address  

Transcript/Score Report Information

Please prepare my order and include the following (Check only one)

[ ] Scores on all tests  [ ] Only test scores that are at or above the ACE Recommended Minimum Score

Only scores on test titles listed below:

Test Titles:  

Approximate Date of Last DSST or CLEP Test (MM/DD/YYYY):  

Permission for release of records (orders will not be issued without signature)
I hereby authorize Prometric to release my transcript/score report to the address(es) below.

Candidate’s Signature:  
Date:  

Address(es) where order(s) should be sent

[ ] Personal Home Address (as listed above) and/or  

School Name:  
School Name:  

Attn:  
Attn:  

Address:  
Address:  

City & State:  
Zip Code:  
City & State:  
Zip Code:  

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