

# 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.**

Transcript Orders	Unit Price	X	QTY	=	Total Fee
To be sent to Personal Home Address (listed under "Personal Information" below)	\$30				\$
To be sent to School(s) (complete school address in box(es) below)	\$30 (per school)				\$
Expedited Shipping (Expedites shipping not processing. Transcript is mailed next day)	\$25				
<b>Order Total</b>					<b>\$</b>

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

Credit Card:	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX	Exp. Date (MM / YY)	Signature:
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Credit Card Number:

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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## 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:
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## 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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