

Use this form to request a transcript if you did not indicate a score recipient institution at the time of testing or if you need to send your scores to more than one score recipient. The transcript will contain all your CLEP® scores for the past 20 years. If you do not want certain scores included, indicate which scores should be suppressed.

Note: Military personnel should call 877 471-9860 (toll free) or 651 603-3012 to request a military transcript or visit www.dantes.doded.mil to download a transcript request form.

PLEASE PROVIDE ALL THE INFORMATION REQUESTED ON THIS FORM. PLEASE PRINT.

Name at the time of testing (last name, first name, middle initial)

Current name, if different from above (last name, first name, middle initial)

Address: number and street

City State/Province Zip Country

Daytime telephone number (include area code)

Date of birth (month/day/year) Social Security number

Scores you DO NOT want to release [Indicate CLEP exam name and test date (month/day/year)]

CLEP TRANSCRIPT RECIPIENT

Name of institution College code # (*Visit www.collegeboard.com/CLEPcolleges to look up college codes.*)

Person to whom transcript should be sent (if known)

Mailing address

PAYMENT INFORMATION

There is a fee of \$20 for each transcript

_____ Check or Money Order (payable to College-Level Examination Program)

_____ Visa, MasterCard, American Express, Discover, JCB

Credit Card Number: _____

Expiration Date: _____

I authorize CLEP to release my scores to the institution designated above.

Signature

Date

Mail this form to: CLEP-Transcript Services, P.O. Box 6600, Princeton, NJ 08541-6600.