

# College-Level Examination Program® Transcript Request Form

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. Indicate which exam(s) you want to appear on your transcript. Please note that CLEP keeps scores on file for 20 years.

★ **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](http://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, street and apartment

City State/Province Zip Country

Daytime telephone number (include area code) E-mail address

Date of birth (month/day/year) Last four digits of your Social Security number

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> American Literature                   | <input type="checkbox"/> History of the United States I: Early Colonization to 1877 | <input type="checkbox"/> Calculus                                      |
| <input type="checkbox"/> Analyzing and Interpreting Literature | <input type="checkbox"/> History of the United States II: 1865 to the Present       | <input type="checkbox"/> Chemistry                                     |
| <input type="checkbox"/> English Composition                   | <input type="checkbox"/> Human Growth and Development                               | <input type="checkbox"/> College Algebra                               |
| <input type="checkbox"/> English Composition with Essay        | <input type="checkbox"/> Introduction to Educational Psychology                     | <input type="checkbox"/> College Mathematics                           |
| <input type="checkbox"/> English Literature                    | <input type="checkbox"/> Introductory Psychology                                    | <input type="checkbox"/> Natural Sciences                              |
| <input type="checkbox"/> Freshman College Composition          | <input type="checkbox"/> Introductory Sociology                                     | <input type="checkbox"/> Precalculus                                   |
| <input type="checkbox"/> Humanities                            | <input type="checkbox"/> Principles of Macroeconomics                               | <input type="checkbox"/> Financial Accounting                          |
| <input type="checkbox"/> French Language                       | <input type="checkbox"/> Principles of Microeconomics                               | <input type="checkbox"/> Information Systems and Computer Applications |
| <input type="checkbox"/> German Language                       | <input type="checkbox"/> Social Sciences and History                                | <input type="checkbox"/> Introductory Business Law                     |
| <input type="checkbox"/> Spanish Language                      | <input type="checkbox"/> Western Civilization I: Ancient Near East to 1648          | <input type="checkbox"/> Principles of Management                      |
| <input type="checkbox"/> American Government                   | <input type="checkbox"/> Western Civilization II: 1648 to the Present               | <input type="checkbox"/> Principles of Marketing                       |
|  | <input type="checkbox"/> Biology  | <input type="checkbox"/> Other _____                                   |

Send only exam scores of 50 or above.

## CLEP TRANSCRIPT RECIPIENT

Name of institution College code # (*Visit [www.collegeboard.com/clepcolleges](http://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

\_\_\_\_\_ Debit card (Visa or MasterCard)

Credit or debit card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Signature

Date

If you are paying by credit or debit card, you may fax this form to 609-771-7088. If you are paying by check or money order, mail to: CLEP-Transcript Services, P.O. Box 6600, Princeton, NJ 08541-6600.