2016-2017 Request to Transfer ATB Test Scores

Student Information

Last Name: __________________________ First Name: ___________________ Middle I: ___ Person Number: ________________

Student Authorization to Transfer ATB Test Scores

I authorize the transfer of my ACCUPLACER Individual Score Report from the institution which administered my ATB tests (Sending Institution) to the Receiving Institution listed below. (*) Indicates a required field.

Date when ATB tests were taken* _________________________________________________________________________

Student Signature* ___________________________ Date* ___________________________

Institution Information (To Be Completed by a Representative of Either the Sending or Receiving Institution)

Institution where ATB tests were taken (Sending Institution)

Sending Institution Name*: 
Contact Name*: 
Contact Phone Number*: 
Contact Email Address*: 
Notes:

Institution to send ATB test scores to (Receiving Institution)

Receiving Institution Name*: University at Buffalo 
Contact Name*: Janessa Givens-Daniels 
Contact Phone Number*: (716) 645-5652 
Contact Email Address*: jegd@buffalo.edu 
Address or Fax # to send scores*: 232 Capen Hall; Buffalo, NY 14260 or Fax: (716) 645-6566 Attn: Janessa Givens-Daniels 
Notes:

Processing of Form:
☐ For security reasons, the form and score report should not be emailed; they MUST be sent either by postal mail or fax
☐ Send to Receiving Institution with student’s ACCUPLACER Individual Score Report
☐ Send to the College Board ACCUPLACER Program with student’s Individual Score Report within 72 hours
☐ Retain original copy at Sending Institution