

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