# 2017-2018 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*: __________________________________________________________________

### 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*: **115 A Porter Quad; Buffalo, NY 14261-0051 or Fax: (716) 645-6566 Attn: Janessa Givens-Daniels**

### Notes:

□ 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