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*: _______________________________________________________________

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*: Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260

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