



Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ UB 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 Sending 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 Phone Number\*: **716-645-8232**

Contact Email Address\*: **ubfa@buffalo.edu**

Address or Fax # to send scores\*: **Financial Aid at 1Capen, Capen Hall, Buffalo, NY 142610-0001**  
**Fax: 716-645-6566**

**Notes:**