2018-2019 Request to Transfer ATB Scores

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

Notes: