

First Name: _____ Last Name: _____ 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 the Sending Institution)

Institution where ATB tests were taken (Sending Institution)

Sending Institution Name*: _____

Contact Name*: _____

Contact Phone Number*: _____

Contact Email Address*: _____

Notes:

Institution Information (To Be Completed by a Representative of the Receiving Institution)

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: