

Submit forms utilizing one of the options below. Note: email is not a secure form of communication, do not submit documents via email.

- Electronically via the Secure Document Upload Center - [financialaid.buffalo.edu/forms/documentation-upload-center/](http://financialaid.buffalo.edu/forms/documentation-upload-center/). Submit your .pdf, .jpg, .jpeg, or .docx files with your UB Person Number included in the file name.
- Fax to 716-645-6566
- By mail to Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260

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:**