

Use this form to request a transcript if you did not indicate a score recipient institution at the time of testing or if you need to send your scores to more than one score recipient. The transcript that you are requesting will contain all your CLEP® scores for the past 20 years. If you do not want certain scores included, indicate which scores should be suppressed.

**Note:** Military personnel should call 609 895-5011 to request a military transcript or visit [www.dantes.doded.mil](http://www.dantes.doded.mil) to download a transcript request form.

**PLEASE PROVIDE ALL THE INFORMATION REQUESTED ON THIS FORM. PLEASE PRINT.**

\_\_\_\_\_  
Name at the time of testing (last name, first name, middle initial)

\_\_\_\_\_  
Current name, if different from above (last name, first name, middle initial)

\_\_\_\_\_  
Address: number and street

\_\_\_\_\_  
City State/Province Zip Country

\_\_\_\_\_  
Daytime telephone number (include area code)

\_\_\_\_\_  
Date of birth (month/day/year) Social security number

\_\_\_\_\_  
Test center name Test date (month/day/year)

\_\_\_\_\_  
Scores you DO NOT want to release [Indicate CLEP exam name and test date (month/day/year)]

**CLEP TRANSCRIPT RECIPIENT**

\_\_\_\_\_  
Name of institution College code #

\_\_\_\_\_  
Person to whom transcript should be sent (if known)

\_\_\_\_\_  
Mailing address

**PAYMENT INFORMATION**

There is a fee of \$20 for each transcript

\_\_\_\_\_ Check or Money Order (payable to College-Level Examination Program)

\_\_\_\_\_ Visa, MasterCard, American Express, Discover, JCB

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I authorize CLEP to release my scores to the institution designated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail this form to: CLEP-Transcript Services, P.O. Box 6600, Princeton, NJ 08541-6600.