



DSST TRANSCRIPT ORDER FORM

(\$30 fee per transcript)

Please **TYPE** or **PRINT** all information requested below.

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Mail completed form to: Prometric, ATTN: DSST Transcript Request, 7941 Corporate Drive, Nottingham, MD 21236 OR, if paying by credit card, mail to: (651) 603-3008. For transcript inquiries, please contact: 1-877-471-9860. ****PLEASE DO NOT EMAIL****.

Payment/Fee Information

A **\$30** fee is charged for **each** transcript ordered. A transcript may include any or all DSST scores.

NOTE: Transcripts are mailed within three weeks after receipt of the order form at Prometric.

Transcript Orders	Unit Price	X	QTY	=	Total Fee
To be sent to Personal Home Address (listed under "Personal Information" below)	\$30				\$
To be sent to School(s) (complete school address in box(es) below)	\$30 (per school)				\$
Order Total					\$

Payment: Fee(s) may be paid by MasterCard, Visa or American Express, certified check or money order, payable to Prometric. Incomplete forms or forms received without the correct fees will be returned. **Personal checks and cash are not accepted. Fees are nonrefundable.**

To pay for your transcript with MasterCard, Visa or American Express, please supply the information below:

Credit Card:	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX	Exp. Date (MM / YY)	Signature:
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Credit Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Candidate Information

Last Name (include Maiden Name or Former Last Names, if applicable)	First Name	Middle Initial	Social Security Number
			- -
Street Address (including Apt. number or P.O. Box, if applicable)			Date of Birth (MM/DD/YYYY)
			/ /
City	State	ZIP Code	
Phone Number (including area code)		Email Address	
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Transcript Information

Please prepare my transcript and include the following (Check only one)	
<input type="checkbox"/> Scores on all tests	<input type="checkbox"/> Only test scores that are at or above the ACE Recommended Minimum Score
<input type="checkbox"/> Only scores on test titles listed below:	
Test Titles:	
Approximate Date of Last DSST (MM/DD/YYYY):	

Permission for release of records (transcripts will not be issued without signature)

I hereby authorize Prometric to release my DSST Transcript(s) to the address(es) below.

Candidate's Signature:	Date:
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Address(es) where Transcript(s) should be sent

<input type="checkbox"/> Personal Home Address (as listed above)	
School Name:	School Name:
Attn:	Attn:
Address:	Address:
City & State:	City & State:
Zip Code:	Zip Code:

