

PAPER SCORE REPORT REQUEST FORM



INSTRUCTIONS

This form is to be used by MCAT examinees requesting scores from 1990 or earlier. If you have taken the MCAT from 1991 onwards, you may retrieve your scores online in the [MCAT Score Reporting System](#), which includes the option to print your scores or transmit them electronically to participating institutions.

How Do You Submit a Request?

1. Please complete all fields on the request form. If you do not recall the exact testing month and year you took the MCAT, we will do our best to find them using the other information you provide. We will process a full refund if we are unable to locate your scores.
2. Please include a check or money order payable to the Association of American Medical Colleges or AAMC. You may also pay with Visa or MasterCard. If using a credit card, please be careful to complete all required information. The fees are as follows:

Minimum Processing Fee: (includes 1 test date to 1 recipient)	\$50
Each Additional Test Date	\$25
Each Additional Recipient	\$10

For example, if you are ordering a score report to include two test dates and you want the report sent to three recipients, the cost will be:

$$(1 \text{ test date } \$50 + 1 \text{ additional test date } \$25) + (2 \text{ additional recipients } \times \$10) = \$95$$

3. Mail or fax your request to the following address. We would like to be able to take your request by phone or email, but we are unable to do so at this time because we require your signature to process your request.

MCAT: Paper Score Report
Association of American Medical Colleges
655 K St. NW, Suite 100
Washington, DC 20001-2399
Fax: (202) 828- 4799

When Should You Expect Your Request to Be Processed?

We will process your request within three weeks of receiving your form and payment. An official copy of the score report will be sent to all recipients designated on your form via first-class mail. As the requestor, you will receive an unofficial copy of the score report.

If we are unable to locate your scores, we will notify you by mail and process a full refund. The AAMC will not be responsible for any claims or damages for loss or injury resulting from delays for any reason.



PAPER SCORE REPORT REQUEST FORM

PERSONAL INFORMATION

Last Name: _____ First: _____ Middle: _____

Last four digits of Social Security Number: _____ Birth Date: _____
(helpful, but not required)

Current Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____
(if not U.S.)

Phone: _____ Email: _____
(include country code if outside U.S.)

TESTING INFORMATION

Month: _____ Year: _____ Month: _____ Year: _____

Month: _____ Year: _____ Month: _____ Year: _____

SIGNATURE

Signature

Date

PAYMENT INFORMATION

Payment Type: Check/ Money Order Credit Card (See Below)

_____ 1 test date to 1 recipient = \$50 \$ _____
_____ additional test dates x \$25 = \$ _____
_____ additional recipients x \$10 = \$ _____

Total Payment: \$ _____

CREDIT CARD INFORMATION

Credit Card Number: _____
Expiration Date: _____
CSV Code (3 digit code on back of card): _____
Name of Card Holder: _____
Signature: _____
Date: _____

Please complete **Recipient Information** on the following page.
You may make multiple copies of this page if you have more than four recipients.

PAPER SCORE REPORT REQUEST FORM



RECIPIENT INFORMATION

Recipient 1

Contact Name or Title: _____
Institution Name: _____
Current Address: _____
City: _____ State: _____ Zip/Postal Code: _____ Country: _____
(if not U.S.)
Phone: _____
(include country code if outside U.S.)

Recipient 2

Contact Name or Title: _____
Institution Name: _____
Current Address: _____
City: _____ State: _____ Zip/Postal Code: _____ Country: _____
(if not U.S.)
Phone: _____
(include country code if outside U.S.)

Recipient 3

Contact Name or Title: _____
Institution Name: _____
Current Address: _____
City: _____ State: _____ Zip/Postal Code: _____ Country: _____
(if not U.S.)
Phone: _____
(include country code if outside U.S.)

Recipient 4

Contact Name or Title: _____
Institution Name: _____
Current Address: _____
City: _____ State: _____ Zip/Postal Code: _____ Country: _____
(if not U.S.)
Phone: _____
(include country code if outside U.S.)