

# PAPER SCORE REPORT REQUEST INSTRUCTIONS

This form is to be used by examinees requesting scores from 1990 or earlier. If you have taken the test anytime since 1991, you may retrieve your scores online in the [MCAT Testing History \(THx\) System](#), which includes options to print your scores or transmit them electronically to participating institutions.

## How Do You Submit a Request?

1. Please complete all fields in the request form. You may not recall the exact testing month and year you took the exam. That's OK, we'll do our best to find them. If we conduct a search and are unable to locate your scores, we will provide a refund minus a minimum processing fee of \$25.
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)	\$25
Each additional test date	\$25
Each additional recipient	\$5

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:

$$2 \text{ test dates} \times \$25 + 2 \text{ additional recipients} \times \$5 = \$60$$

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  
2450 N Street, NW  
Washington, DC 20037

## When Should You Expect Your Request to Be Processed?

We will process your request within three weeks of receiving your form and payment. We will send via first-class mail your report to all the recipients designated in your form and we will also send you an "unofficial" copy. If we are unable to locate your scores, we will notify you by mail and provide a refund minus the processing fee. 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: \_\_\_\_\_  
 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)  
 \_\_\_\_\_ test dates x \$25 = \$ \_\_\_\_\_  
 \_\_\_\_\_ additional recipients x \$5 = \$ \_\_\_\_\_  
 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 page 2 of the request form.

You may make multiple copies of this page if you have more than four recipients.

## SCORE RECIPIENTS

### 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.)