

# MILITARY TRANSCRIPT ORDER FORM

(\$30 fee per transcript)

Please TYPE or PRINT all information requested below.

For CLEP and DSST scores on tests taken after July 1, 1974

There is no charge for transcripts sent to DANTES Test Control Officers (TCO's). Mail completed form to: Prometric, ATTN: DSST/CLEP Transcripts, 7941 Corporate Drive, Nottingham, MD 21236 OR if paying by credit card, FAX completed form 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 and CLEP scores taken **while in the military**.

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

Transcript Orders	Unit Price	X	QTY	=	Total Fee
DANTES Test Control Officer (DANTES TCO), DANTES TCO ID#: (DANTES TCO's are sent unofficial transcripts for counseling purposes only. For your DANTES TCO to receive an unofficial transcript, you MUST provide the DANTES TCO ID Number in the shaded box.)	No charge				\$0
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)				\$
<b>Order Total</b>					<b>\$</b>

**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"/>
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## Personal Information (please TYPE or Print all information requested below):

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		

## Transcript Information

**Please prepare my transcript and include the following** (Check only one)

- Scores on all tests     Only test scores that are at or above the ACE Recommended Minimum Score  
 Only scores on test titles listed below:

Test Titles:

Approximate Date of Last DSST or CLEP Test (MM/DD/YYYY):

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

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

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

Personal Home Address (as listed above) and/or

School Name:	School Name:		
Attn:	Attn:		
Address:	Address:		
City & State:	Zip Code:	City & State:	Zip Code: