DSST TRANSCRIPT ORDER FORM

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

For DSST scores

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A **$20** fee is charged for **each** transcript ordered. A transcript may include any or all DSST scores.

Enclose a certified check or money order payable to Prometric. If you prefer to pay for your transcript with a MasterCard, Visa or American Express, please supply the information below. Your accour will be charged with the total amount due.

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SEND COMPLETED FORM TO:

PROMETRIC
ATTN:DSST Program
1260 Energy Lane
St. Paul, MN 55108
Toll Free: (877) 471-9860
Phone: (651) 603-3011
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PERSONAL INFORMATION (PLEASE **TYPE** or **PRINT** ALL INFORMATION REQUESTED BELOW)**:**

Last Name (Include Maiden Name or Former Last Names):	First Name & Middle Initial:	Social Security Number: - -
Present Address (number & street):		Date of Birth: MM DD YYYY / /
City and State:	Zip Code:	Phone Number: ( ) -
	E-mail address:	

TRANSCRIPT INFORMATION:

I understand that my signature permits Prometric to release my transcript to the designated recipient(s).	Signature:

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 : MM DD YYYY / /

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PERSONAL HOME ADDRESS (listed under "Personal Information" above)	***$20.00***	**X**		**=**	
SCHOOL(S) (complete school address in box(es) below)	***$20.00 per school***	**X**		**=**	
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