DSST TRANSCRIPT ORDER FORM
($30 fee per transcript)
Please TYPE or PRINT all information requested below.

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

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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 [ ]

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 (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: [ ]

Address(es) where Transcript(s) should be sent

[ ] Personal Home Address (as listed above)

School Name: [ ]  
School Name: [ ]

Attn: [ ]  
Attn: [ ]

Address: [ ]  
Address: [ ]

City & State: [ ]  
City & State: [ ]  
Zip Code: [ ]  
Zip Code: [ ]