There is no charge for transcripts/score reports sent to DANTES Test Control Officers (TCO’s) and Education Service Officers (ESO’s). Mail completed form to: Prometric, ATTN: DSST/CLEP Transcripts/Score Reports, 7941 Corporate Drive, Nottingham, MD 21236 OR if paying by credit card, FAX completed form to: (651)603-3008. Please allow 48 hours for confirmation. For inquiries, please contact: 1-877-471-9860. **PLEASE DO NOT EMAIL**.

### Payment/Fee Information

A $30 fee is charged for each order. A transcript/score report may include any or all DSST and CLEP scores taken while in the military. **NOTE:** Transcripts/score reports are mailed within three weeks after receipt of the order form at Prometric.

<table>
<thead>
<tr>
<th>Transcript Orders</th>
<th>Unit Price</th>
<th>X</th>
<th>QTY</th>
<th>=</th>
<th>Total Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>DANTES TCO or DANTES ID#:</td>
<td>No charge</td>
<td></td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>To be sent to Personal Home Address (listed under “Personal Information” below)</td>
<td>$30</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>To be sent to School(s) (complete school address in box(es) below)</td>
<td>$30 (per school)</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Expedited Shipping (Expedites shipping not processing. Transcript is mailed next day)</td>
<td>$25</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td><strong>Order Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

**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, pre-paid cards 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:**
  - VISA
  - MC
  - AMEX

- **Exp. Date (MM / YY):**

- **Signature:**

- **Credit Card Number:**

- **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):**

- **City:**

- **State:**

- **ZIP Code:**

- **Phone Number (including area code):**

- **Email Address:**

### Transcript/Score Report Information

**Please prepare my order 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 (orders will not be issued without signature)

I hereby authorize Prometric to release my transcript/score report to the address(es) below.

- **Candidate’s Signature:**

- **Date:**

### Address(es) where order(s) should be sent

- [ ] Personal Home Address (as listed above) and/or

- **School Name:**

- **Attn:**

- **Address:**

- **City & State:**

- **Zip Code:**