

**SAT<sup>®</sup> Request to Cancel Test Scores**

**Fax: 610-290-8978**

**Use this form only if you wish to cancel scores for the SAT or SAT Subject Tests<sup>™</sup>.**

Complete this form and give it to the Associate/Room Supervisor before you leave the testing room. You may cancel scores after you leave, but your request must be received no later than the Wednesday following your test day. If you are testing on a day other than a published weekend administration date, check with the room supervisor for the deadline that applies to you.

Completing and submitting this form will cancel ALL scores for ALL tests taken on the day in question, except in the event that your calculator or CD player malfunctions while you are taking an SAT Subject Test in Mathematics or a Language with Listening Test. In the case of equipment failure you will be allowed to cancel scores for a single SAT Subject Test. You must have communicated the equipment malfunction to the room supervisor during the Mathematics Test or the Language with Listening Test.

Once we receive your cancellation request, we cannot reinstate your scores, and they will not be reported to you or to your designated institutions.

**TEST-TAKER: PLEASE PRINT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Test Center Number: \_\_\_\_\_ Test Center Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Please cancel my: \_\_\_\_\_ SAT \_\_\_\_\_ All SAT Subject Tests \_\_\_\_\_ Single SAT Subject Test (equipment failure)\*

\*\*I tested in: \_\_\_\_\_ October \_\_\_\_\_ November \_\_\_\_\_ December \_\_\_\_\_ January

\_\_\_\_\_ March \_\_\_\_\_ May \_\_\_\_\_ June \_\_\_\_\_ Other (give date)

Test-Taker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Request to cancel test scores for equipment failure must be signed by the Associate/Room Supervisor.

\*\* If this is a makeup test, check the month you registered for.

**IMPORTANT: ASSOCIATE/ROOM SUPERVISOR ACTION REQUIRED FOR CANCELLATION  
BECAUSE OF EQUIPMENT FAILURE OR SUDDEN ILLNESS.**

If this is a cancellation because of sudden illness or cancellation of a single SAT Subject Test score due to equipment failure, you must note this on the Supervisor's Irregularity Report (SIR) and signify this action by signing below:

I noted this cancellation \_\_\_\_\_ Associate/Room  
on the SIR: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_  
(required for single Subject Test cancellation or sudden illness)

**TEST-TAKER:** If submitted after test day, your request **must be received no later than 11:59 p.m. U.S. Eastern Time on the Wednesday** following your test day. If you are testing on a day other than a published weekend administration date, check with the room supervisor for the deadline that applies to you. Fax your **signed** request to: 610-290-8978, or send by overnight mail to SAT Program, Score Cancellation, 1425 Lower Ferry Road, Ewing, NJ 08618.

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