

**Instructions: Fill out Section 1 below. Submit this form to the institution/school you listed in Section 1 as having administered the test. That institution will submit your ATB Scores directly to UB.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

UB Person Number: \_\_\_\_\_ Last 4 digits of your social security number: \_\_\_\_\_

**Section 1: Student Authorization to Transfer ATB Test Scores**

I authorize the transfer of my ACCUPLACER Individual Score Report from the Public IHE that meet the exam administration criteria which administered my ATB tests (Sending Institution) to the Receiving Institution listed below.  
(\* ) Indicates a required field.

Date when ATB tests were taken\* \_\_\_\_\_

Institution that administered the ATB test \_\_\_\_\_

Student Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

**Section 2: Institution Information (To Be Completed by a Representative of the Sending Institution)**

Public IHE that meet the exam administration criteria (Sending Institution)

Sending Institution Name\*: \_\_\_\_\_

Contact Name\*: \_\_\_\_\_

Contact Phone Number\*: \_\_\_\_\_

Contact Email Address\*: \_\_\_\_\_

**Notes:**

**Section 3: Institution to receive ATB test scores**

Institution to send ATB test scores to (Receiving Institution)

Receiving Institution Name\*: **University at Buffalo**

Contact Phone Number\*: **716-645-8232**

Address or Fax # to send scores\*: **Financial Aid at 1Capen, Capen Hall  
Buffalo, NY 142610-0001  
Fax: 716-645-6566**

**Notes:**