

LOST/MISPLACED PAE REPORTS REQUEST

Date: _____

School/Institution/Program Name:

Program Director/Contact:

Program Mailing Address :

Program City: _____

Program State: _____

Program Zip: _____

Program Phone: _____

Program Fax: _____

Program ID#: _____

Date (s) on which the PAE exam was administered (if requesting more than one lost/misplaced reports, please note all dates in which the reports are needed)

Email address to where reports are to be emailed (Note AST will only email reports)

Lost/Misplace PAE Reports (Number of lost reports X \$50 that program is requesting)

_____ X \$50 = _____ Total

- ❖ If paying by check, please enclose a check with the appropriate amount as determined above All checks should be made payable to AST.
- ❖ If paying by credit card (Visa, MasterCard, American Express), please complete the following

Credit Card Type (Please Circle One): Visa MasterCard American Express

Card Holder Name (As Appears on Card): _____

Card Number: _____

Expiration Date: _____

****Due to the number of request of lost/misplaced reports and other programs that are currently testing, priority is first given to programs who are currently testing, then first come first serve to those programs who requested lost or misplaced reports. Reports will be emailed 2-4 weeks of requested date.**

