


Question-and-Answer Service Order Form for 2010-11

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SAT

The **Question-and-Answer Service (QAS)** provides your test questions, how you answered the questions, instructions for scoring and a form to use to order a copy of your answer sheet.

Find the row that describes your testing situation, and see when you can order QAS. 	Oct 9	Jan 22	May 7
If you are testing in a center on Saturday in the United States or Canada	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
If you are testing in a center on Saturday outside the U.S. or Canada (including U.S. territories)			<input checked="" type="checkbox"/>
If you are testing in a center on Sunday anywhere in the world, including the U.S. and Canada			<input checked="" type="checkbox"/>
If you are testing with accommodations that are administered by an SSD coordinator in school (anytime during the window of Saturday through the following Tuesday)			<input checked="" type="checkbox"/>
If you are testing on a makeup date, alternate test date or under the DANTES program	QAS is not available.		

Order Information:

QAS costs \$18. Please fill in the information below and enclose this form with your payment. (You can also order online.) Please print clearly. Provide the information exactly as it appears on your score report to ensure your request is properly fulfilled. (Your personal information is kept confidential.) Orders that are received before test day will be mailed within eight weeks of the test date. Orders placed five weeks or more after the test date may take up to three weeks to be mailed. Place your order no later than five months after your test date. QAS is only available for the SAT®.

Test Date ____/____/____ Registration Number _____ Today's Date _____
month year

Last Name _____ First Name _____ M.I. _____

Street Address _____ City _____

State _____ ZIP/Postal Code _____ Country _____

E-mail Address _____

Phone (____) _____ Birth Date ____/____/____
month day year

I have enclosed payment by: ☐ Check or money order made payable to **The College Board**
☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number _____ Expiration Date ____/____

Name of Cardholder _____

Signature of Cardholder _____
(required for credit card payments)

Send your completed form and payment to:
SAT Program
P.O. Box 8057
Mount Vernon, IL 62864