

AMC 8 Rescoring Request Form

I would like to have the following student's answer form re-scored. I understand that there is a \$35.00 charge for each student answer form rescored.

	\$ 35.00 each
Student Name _____	\$ _____
Student Name _____	\$ _____
Student Name _____	\$ _____
Student Name _____	\$ _____
Grand Total _____	\$ _____

Teacher's Name _____ School ID # _____
School Name _____ Phone # _____
Address _____
City _____ State _____ Zip _____
Email where re-score should be sent _____

Method of Payment: (Rescores will not be processed until payment is received.)

Check (**accepted for U.S. registrants only**) made payable to the Mathematical Association of America and mailed with this form to the:

MAA AMERICAN MATHEMATICS COMPETITIONS
PO Box 471
Annapolis Junction, MD 20701

Charge to Visa/Mastercard/Discover/American Express #: _____

Name on card (print): _____

Signature _____

Expiration Date: _____ Sec. Code: _____ Telephone: _____

Email for electronic credit card receipt: _____

SCAN and EMAIL completed form to: amcinfo@maa.org or FAX to: 240.396.5647