

## XVIII. Rescoring Request Form



I would like to have the following student's answer form rescored. I understand that there is a \$5.00 charge for each student answer form rescored

\$ 5.00/each

Student Name \_\_\_\_\_ \$ \_\_\_\_\_

Contest taken: AMC 10-A AMC 10-B AMC12-A AMC12-B

Student Name \_\_\_\_\_ \$ \_\_\_\_\_

Contest taken: AMC 10-A AMC 10-B AMC12-A AMC12-B

Grand Total \_\_\_\_\_ \$ \_\_\_\_\_

Teacher's Name \_\_\_\_\_ CEEB # \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Method of Payment:

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Check (US funds only) made payable and mailed with this form to the:

AMERICAN MATHEMATICS COMPETITIONS

University of Nebraska-Lincoln

P.O. Box 81606

Lincoln, NE 68501-1606

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Charge to Visa/Mastercard#: \_\_\_\_\_

Name on card (print): \_\_\_\_\_

Signed \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

FAX to: 402/472-6087