

XIX. 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 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:

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

Charge to Visa/Mastercard/AmEx #: _____

Name on card (print): _____

Signed _____

Expiration Date: _____ Telephone: _____

FAX to: 402/472-6087