

# 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

Student Name _____	\$ 5.00/each
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#: \_\_\_\_\_

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

Signed

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

FAX to: 402/472-6087