

Student: _____ Student ID: _____ Parent Signature: _____

AP Exam Early Release/Late Arrival Request Form

| Date | Morning Exam (Early Release) | Date | Afternoon Exam (Late Arrival) |
|---------|---------------------------------|---------|----------------------------------|
| Ex. 5/6 | ✓ | Ex. 5/8 | ✓ |
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If your student will be arriving late or leaving early on an AP Testing date, please pre-arrange by providing the Attendance Office with the information above.

** This form must be submitted no later than 2 days before your 1st exam. **

No phone call; or email; will be accepted to excuse your student from the day of the exam.

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