cudent:	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	\checkmark	Ex. 5/8	\checkmark
our student will be	arriving lete or lequing early	on an AD Tacting date	e, please pre-arrange by providing t
			ent from the day of the exam.
	Student ID: Exam Early Release		
Date	Morning Exam		Afternoon Exam
	(Early Release)	Date	(Late Arrival)
Ex. 5/6	<u> </u>	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.

No phone calls or emails will be accepted to excuse your student from the day of the exam.

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