



AUDIT REPORT REQUEST FORM



Yes, I would like to receive the June 30, 2003 Audit Report.

(We will automatically ship you a CD unless otherwise specified.)

Please send _____ copy(ies) in CD-ROM format @ \$75.00 each

_____ copy(ies) in paper format @ \$100.00 each

Mail to: _____

Contact name: _____

Address: _____

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School name: _____

Authorized Signature: _____ Date: _____

Please return to:

School Relations Assistant
AMS Servicing Group
P.O. Box 3176
Winston-Salem, NC 27102-3176