

REQUEST FOR PLACEMENT TEST SCORES

Name: _____

Student ID # or Last 4 of SSN: _____ Date of Birth _____

Phone Number: _____

Year test was taken: _____ Where test was taken: _____
(Isothermal Campus, High School, etc.)

Request requires a 48-hour processing time. Please note additional time may be required during registration periods, graduation and/or end of term processing.

Check One: ☐ Mail Immediately ☐ Pick Up

If pick up at a later date, when: _____

Name, if someone other than yourself to pick up: _____

Please send a copy of my transcript to:

(1) To the Attention of: _____

Name of Institution: _____

Address: _____

City State Zip: _____

(2) To the Attention of: _____

Name of Institution: _____

Address: _____

City State Zip: _____

Student Signature: _____ Date: _____

Office Use Only

Received On: _____ Date Processed: _____ Processed By: _____