

Form to Request Placement Test Scores

Complete the following information on this form and submit the completed form to the Testing Coordinator to release scores as desired. Request requires 48 hours to process.

Name: _____

Student ID number or Last 4 digits of Social Security number: _____

Phone Number: _____

Year test was taken: _____

(Placement test scores are invalid after 5 years; we can provide test score taken within 5 years)

Circle one: Mail It Pick Up

If picking up scores, please write what date you will be picking them up: _____

Name of individual who will pick up scores if someone other than yourself will be picking them up: _____

If mailing scores, please complete the information below as to where scores will be mailed.

Mail to the attention of: _____

Name of Institution: _____

Address: _____

City, State, Zip Code: _____

If additional copies are to be mailed, please complete the information below.

Mail to the attention of: _____

Name of Institution: _____

Address: _____

City, State, Zip Code: _____

Student Signature _____ Date _____

For Office Use Only

Date Processed: _____ Processed by: _____