



Placement Test Scores Request

Name you tested under:

Last First Middle Initial

Student ID # and Last 4 digits of SS # _____ Date of Birth _____

Daytime Phone Number _____ Evening Phone Number _____

I would like my test scores to be: _____ *Note: We do not fax test scores*

☐ Mailed to the following address: _____
School Name

Address City State Zip

☐ Emailed to: (College staff member) _____

Student Signature (REQUIRED) Date