

James Sprunt Community College
PO Box 398
Kenansville, NC 28349
Fax (910) 296-1222

PLACEMENT TEST SCORES REQUEST FORM

Date: _____ Date of Birth: _____

Name: _____

Social Security No: _____ Telephone No.: _____

Date Tested: _____ Location Tested: _____

____ Pick-up
____ Mail

Number of Copies: _____

Mail to:

(Name and/or Title)

(Address)

(City)

(State)

(Zip Code)

____ Official (in a sealed envelope)

____ Unofficial (for my use only)

____ Fax unofficial copy to: _____

Student Signature

FOR OFFICE USE ONLY

Date Mailed: _____

Date Picked Up: _____