PLACEMENT TEST SCORES REQUEST FORM

Date: ___________________  Date of Birth: ___________________

Name: __________________________________________________________________________________

Social Security No: ___________________  Telephone No.: ___________________

Date Tested: ___________________  Location Tested: ___________________

_____ Pick-up  Number of Copies: ______

_____ Mail

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: ___________________