

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: _____

Number of Copies: _____

_____ Pick-up

_____ 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: _____