

# REQUEST FOR PLACEMENT SCORES

Placement test scores are valid for 2 years

Date: \_\_\_\_\_ Student ID Number (SID): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Previous Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

To the best of your knowledge, what year did you take the placement test? \_\_\_\_\_

How would you like us to process your placement results?

Please scan/email my placement results to:

\_\_\_\_\_  
\_\_\_\_\_

(Include name of person, place of business, & email)

Please mail my placement results to:

Name of person and/or place of business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please fax my placement result to: \_\_\_\_\_