

Placement Score Request Form



54 College Drive · Marion, NC 28752 · 828.652.6021 · Fax 828.652.1014

The following information is provided to aid in identifying my records:

Name: _____
First _____ Middle _____ Last _____ Maiden _____

Address: _____
Street _____ City _____ State _____ Zip code _____

Social Security#: _____ - _____ - _____ **Phone:** _____

Date of Birth: _____ / _____ / _____ **Alias(s) used:** _____

Date Placement Test was taken: _____

My signature below authorizes the release of my placement test scores.

Signature _____ **Date** _____

Please send an official copy of my placement scores to:

Name of Recipient: _____

Address: _____
Street _____ City _____ State _____ Zip code _____