

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