

# Placement Test Score Request Form

Student Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alternate Name (maiden, etc.): \_\_\_\_\_ Date test was taken: \_\_\_\_\_

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Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (circle one: home/work/cell): \_\_\_\_\_

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- Test scores are currently provided free of charge.
  - Requests received by 12pm will be available on the next working day.
  - Requests received after 12pm will be available on the second working day.
  - Test scores may be picked up in the Testing Center in the Simpson building.
  - If you have completed testing more than once, only the highest scores will be sent.

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I will pick up \_\_\_\_\_ copies of my test scores in person. **PHOTO ID REQUIRED.**

I authorize \_\_\_\_\_ to pick up my test scores in person. **PHOTO ID REQUIRED.**

A **PHOTO ID** is also **REQUIRED** if test scores are being faxed or mailed to a business or home.

Mail \_\_\_ copies to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail \_\_\_ copies to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax **unofficial** copy to: Attention: \_\_\_\_\_

Fax Number: (     ) \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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**POSTAL MAIL:**  
A-B Tech Community College  
ATTN: Testing Center  
340 Victoria Road  
Asheville, NC 28801

**IN PERSON:** Testing Center in the Simpson building  
**EMAIL:** testingcenter@abtech.edu  
**PHONE:** 828-398-7900  
**FAX:** 828-251-6718