



Placement Score Request Form

Name _____
(Last) (First) (Middle) Maiden

Student ID or SS# _____

Other Names You May Have Used _____

Address _____ City _____ ST _____ Zip _____

Date Of Birth (for identification) _____

Current Phone (_____) _____ (We will attempt to contact you if there are problems fulfilling request.)

Date Placement Test was taken _____

- Test scores are currently provided free of charge
 - Test scores may only be picked up by the student or another individual with written student permission.
 - A picture ID is **required** if the test scores are not being mailed to a college or university (e.g. FAX, pick-up, business or home delivery). Test scores may be picked up at the Student Success Services Center in the Bailey Building.
- * If you have tested more than once only the highest scores will be sent.

I will pick up _____ copy(s) of test scores - picture ID required

** Requests received by 12:00 Noon will be available the next working day. Otherwise, test scores may be picked up the second working day.

Mail _____ copies of test scores to:

Mail _____ copies of test scores to:

Fax unofficial copy to (picture ID required) Attn: _____

Fax # (_____) _____

SIGNATURE: _____ DATE _____
(required)

Mail or fax (include copy of photo ID as required) to:
AB Tech Community College
Attn: Karen Edwards
340 Victoria Road
Asheville, NC 28801
FAX (828) 251- 6718 Attn: Karen Edwards

If mailing or faxing form, include copy of photo ID here