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 ________________________________

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

Questions? Call us at (828) 254-1921 x7520 – www.abtech.edu

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