



## TEST SCORE REQUEST FORM

(Please allow 24-48 business hours for processing)

Date: \_\_\_\_\_

To: Student Records

I am requesting a copy of my CCTC COMP/ASSET/ACCUPLACER scores from my academic record. I understand that I will be assessed a fee of \$1 for **each** copy requested. This fee must be paid in advanced.

Social Security Number/College-wide ID: \_\_\_\_\_

Student's Name (Print): \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Please select option(s) below (\$1 fee for **each** option that is selected): (Note: Picture Id is **required** for all transactions.)

I would like to pick-up my scores

Mail my scores to me at: \_\_\_\_\_  
\_\_\_\_\_

Fax my scores to: \_\_\_\_\_

Attention of: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mail my test scores to: \_\_\_\_\_  
\_\_\_\_\_

Email my test scores to: \_\_\_\_\_

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### Official Use Only

Scores picked up     Scores mailed     Scores faxed     Scores emailed

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\_\_\_\_\_  
Signature of Student Records Personnel

\_\_\_\_\_  
Date