Student Records

Placement Test Score Request Form

(Please allow 24-48 business hours for processing)

Date: ____________________________

I am requesting a copy of my CCTC Placement test scores from my academic record. I understand that I will be assessed a fee of $5 for each copy requested. This fee must be paid in advance before this request can be processed. (A valid picture ID must be presented.)

C# or Social Security Number: ______________________________________________________

Student’s Name (Print): _____________________________________________________________

Student’s contact number: ____________________________ ☐Home ☐Cell

Please select desired delivery option(s) below. ($5 fee for each option that is selected). Separate forms will need to be filled for each request.

☐ Hold for Pick-up ☐ Mail ☐ Fax ☐ Email

(Please provide complete mail, fax and/or email recipient information for delivery below):

College/Organization: _____________________________________________________________

Attention (Optional): ____________________________________________________________

Address: _______________________________________________________________________

Fax number: ___________________________________________________________________

Email Address: __________________________________________________________________

Student’s Signature: _____________________________________________________________

************************************************************************************

Official Use Only

☐ Scores picked up ☐ Scores mailed ☐ Scores faxed ☐ Scores emailed

Student identity verified via photo ID by: ____________________________________________

Staff Member Signature: _________________________________________________________

Processed by: _____________________________________________________________

Student Records Staff

Date

Last Updated July 24, 2019