

Placement Test Score Request Form

Student Name: (first) _____ (last) _____

Student ID Number (or Social Security Number): _____

Date of Birth: _____ Alternate Name (maiden, etc.): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (circle one: home/work/cell): _____

- 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 at the Information Desk in the Bailey 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.**

Mail ___ copies to: _____

Mail ___ copies to: _____

Fax unofficial copy to: ATTN: _____

FAX: () _____

SIGNATURE: _____

DATE: _____

IN PERSON: Information Desk in K. Ray Bailey Building

POSTAL MAIL:

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

FOR MORE INFORMATION:

Call: 828-398-7900
Email: testingcenter@abtech.edu
Website: www.abtech.edu/placement

EMAIL: testingcenter@abtech.edu

Last Revised: April 2018

FAX: 828-251-6718