

# Placement Test Score Request Form

Student Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alternate Name (maiden, etc.): \_\_\_\_\_ Date test was taken: \_\_\_\_\_

---

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 in the Testing Center in the Simpson building.
  - If you have completed testing more than once, only the highest scores will be sent.
- 

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.**

A **PHOTO ID** is also **REQUIRED** if test scores are being faxed or mailed to a business or home.

|                            |                            |
|----------------------------|----------------------------|
| Mail ____ copies to: _____ | Mail ____ copies to: _____ |
| _____                      | _____                      |
| _____                      | _____                      |
| _____                      | _____                      |

Fax unofficial copy to: Attention: \_\_\_\_\_

Fax Number: (     ) \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

---

**POSTAL MAIL:**

A-B Tech Community College

ATTN: Testing Center

340 Victoria Road

Asheville, NC 28801

**IN PERSON:** Testing Center in the Simpson building

**EMAIL:** testingcenter@abtech.edu

**PHONE:** 828-398-7900

**FAX:** 828-251-6718