



Enrollment Management Office, 185 Freedlander Drive, Clyde, NC 28721

Placement Test Scores Request Form

Date: _____

Date of Birth: _____

Name: _____

Student ID # _____

Number of Copies _____

Date Tested: _____

_____ Pick-up Test Scores

_____ Mail Test Scores

Mail to:

(Name and/or Title)

(Address)

(City) _____ (State) _____ (Zip Code) _____

_____ Official (in a sealed envelope)

_____ Unofficial (for my use only)

_____ Fax unofficial copy to: _____

(Student Signature)

OFFICE USE ONLY Date Mailed _____ Date Faxed _____ Date Picked Up _____