

ALPENA

COMMUNITY COLLEGE

Testing Use Only:

Faxed: _____

Mailed: _____

Initials: _____

ACCUPLACER Placement Score Release Form

Date of Request: _____

Print Your First Name

M.I.

Print Last Name

Maiden Name / Other

ACC Student ID Number

Date of Birth:

Daytime Phone Number

E-mail Address

Mark one of the following:

I last attended ACC

I did not attend ACC

Last Date of Attendance

Last Date of Testing

PRINT the following information.

Send scores to the following institution or person by: Mail Email Fax Release to me

Name of Person/Institution: _____

Office at Institution (example: Admissions, Testing, etc.): _____

Fax # (if applicable): _____

Address: _____

I authorize ACC to release my ACCUPLACER Placement scores to the person or institution state above.

Signature Required (DO NOT PRINT): _____