ACCUPLACER REPORT REQUEST FORM

Please print the requested information
[Score Reports will be processed only for scores no more than three (3) years old. After three years, scores will be deleted from testing system.]

Date: __________________________
Name: ___________________________________________________
Social Security Number: ________________________________________
Date of Birth: ________________________________________________
Phone Number: ________________________________________________

Check the location of the test center where you took the Accuplacer exam:
_____Alice          _____ Beeville         _____ Kingsville      _____ Pleasanton

Date/(s) test was/were taken: ______________________________________

Month          Day          Year

I give Coastal Bend College permission to release my Accuplacer score report to the following institution/individual:

Name of Institution: ______________________________________________
Department: _____________________________________________________
Attn: ____________________________________________________________
Fax # : __________________________________________________________
Address: _________________________________________________________
City, State, Zip: _________________________________________________

__________________________________________  __________________
Signature                                      Date

Coastal Bend College does not discriminate on the basis of race, creed, color, national origin, gender, age, or disability.