



Salt Lake Community College  
Testing Services  
4600 South Redwood Road  
P.O. Box 30808  
Salt Lake City, Utah 84130  
Fax: 801-957-4750  
Email: testingservices@slcc.edu

## Accuplacer Test Scores Release Form

*Incomplete or incorrect requests will not be processed\**

*Please use interactive form or write legibly\*\**

Student Name: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_

Student SLCC ID Number: S \_\_\_\_\_

Student number at school where scores are being transferred: \_\_\_\_\_

Student E-mail Address: \_\_\_\_\_

Approximate date (within past 4 years) test was taken: \_\_\_\_\_

I hereby give Salt Lake Community College permission to release my Accuplacer Scores to:

Name of Contact Person: \_\_\_\_\_

E-mail of Contact Person: \_\_\_\_\_

Name of institution: \_\_\_\_\_

Address of institution: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Student Signature: \_\_\_\_\_

*\*Handwritten signature required-NO electronic signatures permitted.*

*\*Please Allow 1-2 Business Days for Processing*

*\*If we can't read your handwriting, we can't process your request! PLEASE WRITE LEGIBLY!!!*