



Request for Placement (Compass/Accuplacer) Scores

*** placement test scores are valid for 2 years ***

Name _____ Previous Names _____
(Please print your First and Last Name)

SVC Student ID Number _____ Birthdate _____ Phone # _____

Email address: _____

To the best of your knowledge, which placement test, **Compass or Accuplacer** (please circle) did you take and what **year** did you take the placement test? _____

How would you like us to process your placement results?

Please scan/email my placement results to: _____

(Include name of person, place of business, & email)

Please mail my placement results to:
Name of person and/or place of business _____
Address _____
City _____ State _____ Zip _____

Please fax to: _____

By signing below, I hereby authorize you to release my placement scores.

(signature) (date)