

REQUEST FOR PLACEMENT SCORES

Placement test scores are valid for 2 years

Date: _____ Student ID Number (SID): _____ Birthdate: _____

Name: _____ Previous Name: _____

Phone Number: _____ Email: _____

To the best of your knowledge, 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 my placement result to: _____

I hereby certify that to the best of my knowledge, all statements are true and I understand this process can take up to five (5) business days. By signing below, I hereby authorize you to release my placement scores.

Student Signature

SVC provides a drug free environment and does not discriminate on the basis of race, color, religion, national origin, sex, gender identity, sexual orientation, disability, marital status, or age in its programs and employment.