



Accuplacer Score Release and Request Form

Student Information
Please Print Clearly

ACC Student ID Number for ACC students: _____

Full Name: _____

Name used at the time of testing: _____

Approximate Date of Testing: _____ Test scores older than five years are not available.

Pursuant to provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), I grant permission for release of my Accuplacer scores record as indicated.

Signature (Required): _____ **Date:** _____

NOTES:

- Please allow one week for processing request upon receipt of signed and completed form. Forms that have not been signed will not be processed.
- ACC Students may view their records online at www.arapahoe.edu , click on "My ACC", login and go to Degree Works to find your unofficial transcript.
- Accuplacer scores will be sent directly to the college/institution via e-mail, regular mail or fax. Student needs to provide the method of contact information for the college/institution below.
- Students requesting Accuplacer scores for their own records may come to the ACC testing center for a hard copy. A photo ID is required along with this completed form.
- Students out of state may request scores via e-mail, fax, or regular mail upon receipt of this signed and completed and form. Student needs to provide the method of contact information below.

Direct Inquiries to:

Testing Center
 Arapahoe Community College
 5900 S. Santa Fe Drive
 P.O. Box 9002
 Littleton, CO 80160-9002
 Phone: 303.797.5993 Fax: 303.797.5086 E-mail: testingcenter@arapahoe.edu

<p>College/Institution Request:</p> <p><u>Send Via:</u> <input type="checkbox"/> Regular Mail to College Address Below <input type="checkbox"/> FAX <input type="checkbox"/> E-mail</p> <p>Name: _____</p> <p>Name (cont) _____</p> <p>College Name: _____</p> <p>College Dept.: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>FAX Number: _____</p> <p>E-mail Address: _____</p>	<p>Personal Use Request:</p> <p><u>Send Via:</u> <input type="checkbox"/> Regular Mail to Address Below <input type="checkbox"/> FAX <input type="checkbox"/> E-mail</p> <p>Name: _____</p> <p>Name (cont) _____</p> <p>Address: _____</p> <p>Apt #: _____ Box #: _____</p> <p>City: _____ State _____ Zip _____</p> <p>FAX Number: _____</p> <p>E-mail Address: _____</p>
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