



CENTRAL CAROLINA TECHNICAL COLLEGE

Student Records

Placement Test Score Request Form

(Please allow 24-48 business hours for processing)

Date: _____

I am requesting a copy of my CCTC Placement test scores from my academic record. I understand that I will be assessed a fee of \$5 for **each** copy requested. This fee must be paid in advance before this request can be processed. (A valid picture ID must be presented.)

C# or Social Security Number: _____

Student's Name (Print): _____

Student's contact number: _____ Home Cell

Please select desired delivery option(s) below. (\$5 fee for **each** option that is selected). Separate forms will need to be filled for each request.

- Hold for Pick-up Mail Fax Email

(Please provide complete mail, fax and/or email recipient information for delivery below):

College/Organization: _____

Attention (Optional): _____

Address: _____

Fax number: _____

Email Address: _____

Student's Signature: _____

Official Use Only

- Scores picked up Scores mailed Scores faxed Scores emailed

Student identity verified via photo ID by: _____

Staff Member Signature

Processed by: _____

Student Records Staff

Date