Placement Test Scores Request Form (BRCC only)

Today’s Date: _______ Number of Official Copies: _____ Student ID or Social Security#: ________________

Student’s Name Last: ___________________________ First: ___________________________ Middle Initial: ______

Former or Other Name: ________________ Telephone #: ________________ Date of Birth: ______

Address: ___________________________ City: ___________________________ State: ______ Zip: ______

Email address: __________________________________________________________

Approximate Date Tested: ___________________________

_____ I will pick up the placement test scores

_____ I give permission for the following person(s) to pick up my placement test scores:

___________________________________________________________________________

_____ Please fax the placement test scores to: ______________________________________

_____ Please scan and email the placement test scores to: ___________________________

___________________________________________________________________________

_____ Please mail the placement test scores to the following address:

Mail To: ______________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Student’s Signature (Required): ______________________________________________________________________