



Request to Release ACCUPLACER Test Scores

***All sections must be completed and student's signature must be on this request**

Please Print

Social Security Number or Tech ID: _____ Todays Date: _____

Student Name: _____ Phone: _____
Last Name First Name Middle Name

Address: _____ City/State/Zip: _____

Approximate date test was taken: _____

Test taken at: ___ Century College ___ 916 Program ___ My High School _____
Name of High School

I, _____, hereby authorize Century College to release my ACCUPLACER scores to:

College/University Name: _____

College/University Address: _____

City/State/Zip: _____

College/University Fax Number: _____

Please check one: ___ FAX ___ MAIL

Student Signature: _____

Return this form by mail or fax to:

Century College
Testing Center
3300 Century Ave N
White Bear Lake, MN 55110
Fax 651.779.5811

For Office Use Only

Date Received: _____ Completed By: _____ Completed Date: _____