

Clarendon College Testing Services

P.O. Box 968

Clarendon, Texas 79226

Phone: (806) 874-3571

Fax: (806) 874-5080

ACCUPLACER Score Request Procedure

- To request a copy of your ACCUPLACER scores:
 - Complete this form. Provide all the information required. Forms without an original signature **will not** be processed.
 - Mail or fax the completed form to the Student Services office. (ATT: Testing Services)
PHONE REQUESTS ARE NOT ACCEPTED.
 - Please indicate where you would like your scores sent.

NAME (at time of testing): _____

Other possible names/spellings: _____

Date of Birth: ____/____/____ **Social Security Number:** ____-____-____
Month Day Year

Phone: (____) _____ **Fax:** (____) _____

Approximate date testing completed: ____/____
Month Year

Instructions for Testing Services staff:

Will pick up form OR Please send

For Testing Services Use
Date Sent or Picked Up:

Please send a copy of my ACCUPLACER scores to (either mailing address or fax#):

Signature: _____ **Date:** _____



CLARENDON COLLEGE

Office of Student Services