



# PLACEMENT SCORE REQUEST FORM

Admissions Office \* Davidson Campus \* Mendenhall Building  
 P.O. Box 1287, Lexington, NC 27293 \* 336.249.8186 \* Fax 336.224-0240

**INSTRUCTIONS:**

- PRINT CLEARLY and completely.
- Allow a minimum of 5 business days for processing.
- Placement Scores will not be released without written permission from the student.
- Students may access placement scores via StormTrac.
- Placement scores may be faxed or mailed to requested destination. Please note each institution will determine whether or not they accept faxed scores.
- We do not retain records of scores more than 3 years old.

**STUDENT INFORMATION:**

Current Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Maiden/Former Name(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date OR Dates of Placement Testing \_\_\_\_\_ Last 4 digits of SSN (Optional) \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E: mail Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**MAIL PLACEMENT SCORES TO:**


**FAX PLACEMENT SCORES TO:**

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**AUTHORIZED SIGNATURE:** I authorize Davidson County Community College to release my placement scores as indicated on this form.

\_\_\_\_\_  
 Student's Legal Signature  
 \_\_\_\_\_  
 Date

*Below section to be completed by DCCC Admissions Staff.*

**PLACEMENT SCORES:** All Scores below are ACCUPLACER/CPT unless otherwise noted.

<u>SUBJECT</u>	<u>SCORE</u>	<u>DATE</u>	<u>NOTE</u>
Reading Comprehension	_____	_____	_____
Sentence Skills/Writing	_____	_____	_____
Arithmetic/Math	_____	_____	_____
Elementary Algebra	_____	_____	_____
Other: _____	_____	_____	_____

**DCCC Staff Signature & Date:** \_\_\_\_\_