



1355 West Highway 10, Anoka MN 55303 Testing Center (763) 576-7830

Request for Accuplacer Score Report

Please allow 7 days for processing

PLEASE PRINT

Student ID	Request Date
Approximate date of test <i>dd/mm/yyyy</i>	
Student Name <i>last, first, MI</i>	
Address <i>city, state, zip</i>	
Email	
Date of Birth	Phone
<p>PLEASE CHECK ONE</p> <p><input type="checkbox"/> Pickup at Anoka Technical College Testing Center</p> <p><input type="checkbox"/> Email to another campus: _____</p> <p><input type="checkbox"/> Fax Number _____ - _____ - _____ ATTN:</p> <p><input type="checkbox"/> Mail to: <i>student address, city, state, zip</i></p> <p><i>By signing this form, you are authorizing Anoka Technical College to release specified information to the following:</i></p>	
Name of institution/person	
Student signature	
Return this form by mail/email or fax to: Anoka Technical College ATTN: Testing Center 1355 W HWY 10 Anoka MN 55303 TestingServices@AnokaTech.edu Fax Number: 763-576-7721	
FOR OFFICE USE ONLY	
Date received:	Completed by:
	Completed date: