



Placement Test Scores Request Form (Blue Ridge 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): _____

180 West Campus Drive, Flat Rock, North Carolina 28731 • (828) 694-1800

45 Oak Park Drive • Brevard, North Carolina 28712 • (828) 883-2520