



## Placement Test Scores Request Form (Blue Ridge only)

Today's Date: \_\_\_\_\_ Number of Official Copies: \_\_\_\_\_ Student ID: \_\_\_\_\_

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):** \_\_\_\_\_

**Mail** completed form to: Registrar's Office, 180 West Campus Dr, Flat Rock, NC 28731 or

**Scan and Email** form to: [registrar@blueridge.edu](mailto:registrar@blueridge.edu) or

**Fax** completed form to: (828) 697-0811