VERNON COLLEGE TESTING CENTER

REQUEST FOR SCORE REPORT
(Please print)

Date_______________

Last Name__________________________First Name____________________MI____

Social Security Number _____-____-______ Date of Birth____________________

Address_________________________________________________________________

City,State/Zip____________________________________________________________

Phone___________________________Test taken______________________________

Number of reports requested @$5/report (mailed reports only)________

Date test taken (if known)____________

Name of test to be mailed (TSI Assessment, Accuplacer, TEAS, etc.)____________

_____Official score report with signatures sent to the institution(s) listed below ($5 fee)

_____Report emailed (no charge) email address________________________________

_____Report faxed (no charge) fax address____________________________________

  • Allow 2 days processing time
  • If a Vernon College student or previous student, must have no holds on records

I certify that I am the person named above. Requests for records must be made by the student either in person or by returning this signed form to the Testing Center, fax # (940) 552-2572 (Vernon) or (940) 689-3876. If mailing this request form, send to Vernon College Testing Center, 4400 College Drive, Vernon, TX 76384.

Signature (required)_____________________________________________________

College or university____________________________________________________

Address________________________________________________________________

City/State/Zip

College or university____________________________________________________

Address________________________________________________________________

City/State/Zip