

# 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\_\_\_\_\_