



South Puget Sound
COMMUNITY COLLEGE

**REQUEST FOR
ACCUPLACER/CPT SCORE REPORT**

▶ **PLEASE PRINT NEATLY** ◀

Name at Time of Testing _____

Other Names Possibly Used _____

STUDENT ID # _____ Date of Birth _____

Current Name and E-MAIL _____ Current Phone # _____

Approx. Year Tested _____ E-MAIL: _____

Request Transcript be **MAILED** **FAXED** (circle one)

I give South Puget Sound Community College permission to release my confidential test records to the person or institution that I named on this form.

There is currently no charge for this service.

E-MAIL: _____

(complete name and address of institution/recipient)

Student Signature (required)

Date Signed (required)

**Testing Center
South Puget Sound Community College
2011 Mottman Road SW
Olympia, WA 98512
Phone: 360-596-5770
Fax: 360-596-5720**