

Testing Department 3800 Charco Road, Beeville, Texas 78102

Phone: (361) 354-2244 /Scan and e-mail request to: testing@coastalbend.edu

Ways to submit request for processing - Scan and e-mail this request / mail / or bring in person

ACCUPLACER REPORT REQUEST FORM

Please print the requested information

[Score Reports will be processed only for scores no more than three (3) years old.

After three years, scores will be deleted from testing system.]

Date:		OFFICE USE ONLY		
			Date Report Mailed:	
		Mailed in scaled envelope on CRC		
Social Security N	lumber:		Letterhead	
Date of Birth:				
Phone Number: _		E-mail Address:		
Check the location	on of the test center where	you took the Acc	cuplacer exam:	
Alice	BeevilleKi	ngsvillePle	asanton	
Date/(s) test was	/were taken			
	Month	Day	Year	
following institu Name of Institu Department:	Bend College permission ution/individual: ition:		By:	
Address:				
City, State, Zip:	·			
Signature		Date		

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