

## Testing Department 3800 Charco Road, Beeville, Texas 78102

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## Ways to submit request for processing - Scan and e-mail this request / fax / 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:		
Name:			
Social Security Number:		14 11 1 1 CDCT # 1 1	
Date of Birth:			
Phone Number: E-	mail Address:		
Check the location of the test center where yo	ou took the Acc	uplacer exam:	
AliceBeevilleKings	svillePlea	asanton	
Date/(s) test was/were taken			
Month	Day	Year	
following institution/individual:  Name of Institution:  Department:  Attn:		OFFICE USE ONLY Date & time report faxed/e-maile/ By:	
Fax:/E-mail Addr	ess:		
Address:			
City, State, Zip:			
Signature	 Date		

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