



1355 West Highway 10, Anoka MN 55303 Testing Center (763) 576-7830

## Request for Accuplacer Score Report

*Please allow 7 days for processing*

**PLEASE PRINT**

Student ID	Request Date
Approximate date of test <i>dd/mm/yyyy</i>	
Student Name <i>last, first, MI</i>	
Address <i>city, state, zip</i>	
Email	
Date of Birth	Phone
<p><b>PLEASE CHECK ONE</b></p> <p><input type="checkbox"/> Pickup at Anoka Technical College Testing Center</p> <p><input type="checkbox"/> Email</p> <p><input type="checkbox"/> Fax Number _____ - _____ - _____ ATTN: _____</p> <p><input type="checkbox"/> Mail to: <i>address, city, state, zip</i></p>	
<p><i>By signing this form, you are authorizing Anoka Technical College to release specified information to the following:</i></p>	
Name of institution/person	
Student signature	
<p>Return this form by mail/email or fax to:</p> <p>Anoka Technical College  ATTN: Testing Center  1355 W HWY 10  Anoka MN 55303  <a href="mailto:vkeifenheim@anokatech.edu">vkeifenheim@anokatech.edu</a>  Fax Number: 763-576-7721</p>	
<b>FOR OFFICE USE ONLY</b>	
Date received:	Completed by:
	Completed date: