



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

PLEASE CHECK ONE

- Pickup at Anoka Technical College Testing Center
- Email to another campus: _____
- Fax Number _____ - _____ - _____ ATTN:
- Mail to: *student address, city, state, zip*

By signing this form, you are authorizing Anoka Technical College to release specified information to the following:

Name of institution/person
Student signature

Return this form by mail/email or fax to:

Anoka Technical College
 ATTN: Testing Center
 1355 W HWY 10
 Anoka MN 55303
TestingServices@AnokaTech.edu
 Fax Number: 763-576-7721

FOR OFFICE USE ONLY

Date received:	Completed by:	Completed date:
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