



Placement Test Score TRANSFER REQUEST

This form must be completed in its entirety to be processed.

Name: _____
Last First Middle Maiden

Email Address: _____

SPCC ID Number/SSN: _____ Date of Birth _____

Phone Number: _____

Please send college placement test scores to the college(s) / person(s) listed below:
Provide address and contact name. If you would like your scores faxed, include fax number.
Failure to do so will result in request not being processed.

1: _____

2: _____

3: _____

BE ADVISED: All placement test score request will be processed within two (2) working days. Scores will not be emailed to other institutions or students.

Student Signature: _____ Date: _____

Internal Use Only:

Received Date: _____ Processed by: _____ Date: _____

Comments: _____

Submit completed form to the Testing Center:
South Piedmont Community College

PO Box 126, Polkton, NC 28135
FAX: 704.272.5303

PO Box 5041, Monroe, NC 28111
Fax: 704-290-5837