

St Cloud State ACCUPLACER Release Form

I, _____, request my ACCUPLACER test scores to be sent to

(College name and complete address)

To Attn of: _____ Fax #: _____

Student Information:

(Exact spelling of name placed on exam)

Student Name, Address, & Phone Number

Student SS Number _____

or SCSU ID# _____

_____(____)_____

Date of when taken ACCUPLACER Exam
was taken: _____

Student's signature

Form needs to be returned to Adam Klepetar:

216 Centennial Hall

720 Fourth Avenue South

St Cloud, MN 56301-4498

placementtesting@stcloudstate.edu

Office: (320) 308-5697

Fax: (320) 308-8598