I, _________________________________, request my ACCUPLACER test scores to be sent to
_____________________________________________________________________________.

(college name and complete address)

To Attention of: __________________________________
Fax #: ____________________________________
Email address:_____________________________

Student Information:
(Exact spelling of name placed on exam)

Student Name, Address & Phone Number   Student SS#______________________________
                                           or SCSU ID# __________________________

___________________________________
___________________________________
___________________________________

(_______)______________________ Date ACCUPLACER exam was taken ________________

Student Signature __________________________________________

Form must be returned to Placement Testing:

Laurie Luethmers
115 Brown Hall
720 Fourth Avenue South
St. Cloud, MN 56301-4498
lluethmers@stcloudstate.edu
Office: (320) 308-8378
Fax: (320) 308-5041