

Authorization for Release of Accuplacer Test Scores

Please print:

Name: _____
Last First MI Name when test was taken (if different)

Student DL Number: _____

Phone: _____ Date of Birth: _____

Email: _____

Approximate day, month and year test was taken: _____

.....
Destination Name: _____

Destination to where the test scores are to be sent (only one option is required):

Email: _____ Fax: _____

Address: _____

.....
I hereby authorize the Testing Center at MEMS/South Arkansas Community College to release my test scores to the destination indicated above.

Signature: _____ Date: _____

There is a \$10 charge for this service.

Scan and send this request and a copy of your Driver's License to training@metroems.org

