

Placement Score Report Request Form

Instructions

1. Print and complete the form, then sign it at the bottom. *Requests will not be processed without a signed request form. (*Indicates required field)*
2. Submit the signed form to the Austin Peay State University Testing Center via fax, email, mail or hand-delivery.

Austin Peay State University Testing Center
Ellington Building, Room 207
Box 4755
Clarksville, TN 37044
Fax: 931-221-1032
Email: testingcenter@apsu.edu

Office Use Only

Processor _____

- Request Processed
 Mailed/Faxed/ Emailed on _____
- Request Denied – No Record Found / Incomplete
 Date _____

Examinee Information

*First name _____

Middle initial _____

*Last name _____

Former name (if applicable – ex. maiden name) _____

*Student I.D. number (A#) _____

*Date of birth (mm/dd/yyyy) _____

*Phone number (xxx-xxx-xxxx) _____

Email address _____

Actual or approximate test date (mm/dd/yyyy) _____

Test location (Check one): **Clarksville Campus** **Fort Campbell Campus**

Placement test taken (Check one): **COMPASS** **ACCUPLACER**

Recipient Information *(To send reports to multiple recipients, please complete a separate form for each recipient.)*

*Person or department _____

*College or other institution _____

*Indicate preferred method of delivery and complete the appropriate fields below: **Mail** **Fax** **Email**

Mailing address _____

City _____

State _____

ZIP code _____

Fax number (xxx-xxx-xxxx) _____

Faxed score reports may not be considered "official" by all colleges and institutions. Verify your recipient's policy prior to submitting this form to the Austin Peay State University Testing Center.

Email address _____

Signature Release

I certify that I am the person whose name appears on this form, and I authorize the Austin Peay State University Testing Center to release my placement scores to the recipient indicated on this form.

*Signature _____

*Date (mm/dd/yyyy) _____