

**Rockingham Community College  
Testing Center  
Score Request Form**

*For protection of student records, this form must be completed and signed by the student. Score requests cannot be processed without the student's signature. Typed signatures will not be accepted, all signatures must be in writing. You may mail, or fax your request to the address at the bottom of this form.*

**Please Print!**

**Name:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Any Other Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

**Year First Enrolled at RCC:** \_\_\_\_\_

\_\_\_\_\_

**Approximate Test Dates:** \_\_\_\_\_

\_\_\_\_\_

**Please forward \_\_\_\_\_ copies of my \_\_\_\_\_ placement test and/or \_\_\_\_\_ ASSET test scores to:**

\_\_\_\_\_ **\*Official Copy for Student Pick Up**

\_\_\_\_\_ **Unofficial Student Copy (Student Pick Up)**

\_\_\_\_\_ **\*Official To Be Mailed To Student**

\_\_\_\_\_ **Unofficial Student Copy (Mail to Student)**

\_\_\_\_\_ **\*Official Copy Mailed to Another Institution**

**Address to be mailed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* Scores must remain in a sealed envelope to be "official".**

**\*\* It is the responsibility of the student to verify whether the receiving institution received a copy of his/her test scores.**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

PO BOX 38  
WENTWORTH, NC 27375  
(336) 342-4261 EXT. 2361  
FAX: (336) 342-1809  
TTY: (336) 634-0132