



Test Scores Request

CVCC-Testing Center can only provide copies of tests taken at our institution. Test scores transferred from other institutions must be obtained from that originating institution. There is no charge for copies of test scores. Upon receipt by our office, requests will usually be processed within 2 business days.

Name:

Last _____ First _____ Middle/Maiden: _____

List other names under which you may have attended CVCC: _____

Date of Birth (Month/Day/Year): _____

Last 4 digits of Social Security Number: _____ Phone Number: (____) _____

I request the following test score:

NC DAP/Accuplacer

Please provide the name and address where you want your scores sent:

Name of Institution or Individual: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____

Mail this form to:

CVCC-Testing Center
2760 HWY 70, SE
Hickory, NC 28602

For Office Use Only

Date Received: _____ Date Mailed: _____ By Whom: _____