



# Accuplacer Score Request

This form must be completed and signed by the student. Please print legibly.

Send to Testing Services by fax, email, or mail. A score report will be sent 1-2 days after it is received.

Student's Information	
Student's Name:	
Other Names Used:	
MWCC Student ID # or Date of Birth:	
Approximate Test Date:	
Phone #:	
Email:	
<p>I understand that my student test score information is private under the Federal Family Education Rights and Privacy Act of 1974. I understand that by signing this Authorization for Release of Student Information, I am authorizing the Testing Institution to release test scores to Mount Wachusett Community College that would otherwise be private and not accessible to them. I am giving this consent freely and voluntarily and I understand the outcome of my giving this consent.</p>	
Student's Signature:	Date:

Score Recipient Information	
Send by:	<input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email
Institution:	
Contact:	
Phone #:	
Fax #:	
Email:	
Address:	

Send this completed request to Testing Services at:

Mount Wachusett Community College  
 Phone: 978-630-9244/9220 Fax: 978-630-9278  
 Email: [testingservices@mwcc.mass.edu](mailto:testingservices@mwcc.mass.edu)  
 Address: 444 Green St., Gardner, MA 01440