



# Placement Test Score TRANSFER REQUEST

**This form must be completed in its entirety to be processed.**

Name: \_\_\_\_\_  
Last First Middle Maiden

Email Address: \_\_\_\_\_

SPCC ID Number/SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please send college placement test scores to the college(s) / person(s) listed below:  
Provide address and contact name. If you would like your scores faxed, include fax number.  
Failure to do so will result in request not being processed.

**1:** \_\_\_\_\_

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

**2:** \_\_\_\_\_

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

**3:** \_\_\_\_\_

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

**BE ADVISED: All placement test score request will be processed within two (2) working days. Scores will not be emailed to other institutions or students.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Internal Use Only:*

Received Date: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Submit completed form to the Testing Center:

South Piedmont Community College

PO Box 126, Polkton, NC 28135

FAX: 704.272.5303

PO Box 5041, Monroe, NC 28111

Fax: 704-290-5837