

## CENTRAL CAROLINA COMMUNITY COLLEGE 1105 KELLY DRIVE, SANFORD, NC 27330

## PLACEMENT TEST SCORES RELEASE FORM

Student Information:			
Full Name			
Phone Number			
Name When Tested (If Different)			
Student ID Number or Social Security Number			
Date of Birth			
Approximate Date of Test			
Have you taken college level courses at CCCC?		Yes No	
Please indicate whether you w	ould like these scores maile	ed, emailed, or picked-up in person	
Email		In-person	
То		Pick up by Student	
Email Address		Pick up by other Authorized Person:	
	Mail To Street Address City, State, Zip:		
This authorizes the release of my Rise, NCDAP, Accuplacer, or CPT scores to the entity listed above.			
Student Signature:		Date:	
Attention Students:			
<ul> <li>By signing this form Accuplacer, or CPT seems.</li> <li>Please note that this seems.</li> </ul>	nt if there is a hold on your a , you are authorizing Central scores to the entity listed above request can take up to 2 busing bmitted for each request. The	Carolina Community College to repove.  ness days to be processed.	elease your NCDAP,  Office Use Only:
Incomplete forms will not be processed.			

Date Processed:

Processed By:

You are welcome to mail the form (see address above), fax the form (919-

718-7412), scan and email the form (newstudent@cccc.edu), or hand

deliver it to the Welcome Center on the Lee Campus.