STUDENT INFORMATION:

Full Name: ____________________________________________
Name When Tested (if Different): ____________________________
Street Address: __________________________________________
City, State, and Zip: ______________________________________
Student ID Number or Social Security Number: ________________
Date of Birth: ____________________________________________
Approximate Date of Test: _________________________________
Have you taken college level classes at CCCC:  
☐ Yes  ☐ No

This authorizes the release of my Accuplacer/CPT scores (Placement Tests) to the following:

RECIPIENT INFORMATION (Check appropriate option):

☐ Name: __________________________________________
   Street Address: __________________________________
   City, State and Zip: ________________________________
☐ Fax Number: ______________________________________
   Pick up by Student: ________________________________
   Pick up by other Authorized Person: _________________

Student Signature: ____________________________ Date: ______________

Attention Students:

• Scores will not be sent if there is a hold on your account.
• By signing this form, you are authorizing Central Carolina Community College to release your Accuplacer/CPT scores (placement tests) to the entity listed above.
• Please note that this request can take up to 2 business days to be processed.
• One form must be submitted for each request. The form must be signed. Incomplete forms will not be processed.
• You are welcome to mail the form (see address above), fax the form (919-718-7412), scan and email the form (testingcenter@cccc.edu), or hand deliver it to the Welcome Center on the Lee Campus.