

College Placement Test Scores Request

(Please fill out request form correct and completely, so we can process your request as quickly as possible.)

Date of request: _____

Name: _____

Name while attending (if different from above):

Student ID or Last 4 digits of SS#: _____ Date of Birth: _____

Phone # _____

Signature: _____

(By signing, I authorize release of my scores/record.)

-
- I request _____ official copies to be mailed to me at the address below.
 - I request _____ unofficial copies to be mailed to me at the address below.

Address: _____

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- I request _____ official copies to be picked up in person. (Photo ID required.)
 - I request _____ unofficial copies to be picked up in person. (Photo ID required.)

Campus pick up: _____

(Caldwell or Watauga)

*** Caldwell campus copies can be picked up at the Receptionist's desk in F-building.**

*** Watauga campus copies can be picked up at Student Services Center in the W460 building.**

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- I request _____ official copies to be mailed to the address below:

Mail to: _____

Caldwell Community College & Technical Institute
Attn: Testing Center
2855 Hickory Boulevard
Hudson, NC 28638-2397

Questions?
Call: (828) 726-2719
Email: adula@cccti.edu
Website: <https://www.cccti.edu/Students/TestingCenter.asp>