REQUEST FOR RELEASE OF ACCUPLACER RESULTS

Entire form must be completed in order to process request.

Request for the release of ACCUPLACER results must be submitted to the Placement Testing Office. You may submit this form via US mail or in person.

- Mail completed request and certified check or money order to:
  Erie Community College-Placement Office-121 Ellicott Street, Buffalo, NY 14203
- In person requests must include certified check or money order and may be submitted to:
  Erie Community College, Placement Testing Office-45Oak Street, Buffalo, NY 14203- Room 151B

IMPORTANT FEE INFORMATION

- $5 charge to students who have previously attended Erie Community College
- $20 charge to students who have never attended Erie Community College

Upon receipt Erie Community College will forward your results to the identified academic institution within five working days.

STUDENT CONSENT TO RELEASE ACCUPLACER SCORES

Student Name under which the test was taken: ____________________________
SSN or Student ID: ____________________________ Date of Birth: __________

Address: __________________________________________________________
Phone: ____________________________
City/State/Zip: ____________________________ Email: ____________________________

Approximate Date of Testing: ____________________________
Did you ever attend Erie Community College?
☐ Yes- Academic Year _____________ ☐ No

ACCUPLACER RESULTS RELEASE

I ____________________________ request that Erie Community College release
my ACCUPLACER scores to:

Institution: ____________________________
Address: ____________________________ Phone: ____________________________
City/State/Zip: ____________________________ Fax or Email Address: ____________________________
Signature: ____________________________ Date: ____________________________

ACCUPLACER RESULTS

1. ACCUPLACER SCORE REPORT

☐ Attached ☐ Archived

2. WritePlacer Score:

1 2 3 4 5 6 7 8

3. Student waived from completing essay when ACCUPLACER Reading
Comprehension is greater than or equal to 85.

☐

For Office Use Only:

Date Received: ____________________________
Date Forwarded: ____________________________

PlACEMENT Test Non-St udents

10 50980 0 27716

Payment Received: ☐ Certified Check# _____________ ☐ Money Order# _____________
Received by: ____________________________