



ACCUPLACER/COMPASS Scores Request Form

The Family Educational Rights and Privacy Act of 1974 prohibits educational institutions from releasing Student records WITHOUT written consent from the student.

This form is used to request a copy of your Test Scores from Carl Sandburg College. If you elect to use this form, simply print out the form on your printer, fill it out manually, and mail or fax it using the information below.

Fax: 309-344-3291

Mail: Testing Center
Carl Sandburg College
2400 Tom L. Wilson Blvd.
Galesburg, IL 61401

Date of Request _____

Student Name _____
(Please Print) (Last) (First) (Previous Name)

Social Security #: _____ - _____ - _____ or Student ID # _____

Student's Address: _____
(street address) (city) (state) (zip)

Home Phone # _____ Cell # _____

I authorize Carl Sandburg College to release my test scores to the following:

(Student is responsible for providing complete and accurate information)

Name of Institution _____

Attention _____

Address _____

City/State/Zip _____

Fax # (____) - _____ - _____ E-mail (if applicable) _____

Instructions: Mail Fax E-mail I will pick up

Student Signature: _____
(Required for all requests) (Date)

**Score reports are normally sent within 48 hours. There are no fees required to have scores sent.
For additional assistance, contact the Testing Center, at (309)-341-5323.**

.....(For Office Use Only).....

Mailed Scores _____ Faxed Scores _____ Other _____