

OFFICIAL PLACEMENT TEST SCORE TRANSCRIPT REQUEST

Testing Services
Academic Achievement Center

SCORE RECIPIENT INFORMATION

Name of Institution:	
Name of Contact Person:	
E-mail Address:	
Fax Number:	

Name of Institution:	
Name of Contact Person:	
E-mail Address:	
Fax Number:	

Please fax e-mail (check one or both) my requested placement test scores to the score recipient(s) listed above.

STUDENT DELIVERY PREFERENCES

I would like a copy of my requested placement test scores.

I do not want a copy of my requested placement test scores.

If you would like a copy of your requested placement test scores, please indicate your desired method of delivery:

E-mail the results to the e-mail address indicated in the “Student Information” section.

Fax the results to the following fax number: _____.

Print the results, seal them in an envelope, and hold them for in-person pickup.

By signing this document, I consent to the release of my Bridgewater State University placement test scores to the recipients listed in the “Score Recipient Information” and/or “Student Delivery Preferences” section.

Student Name (Print): _____

Student Signature: _____ **Date:** _____

Complete, sign, and return this form to Testing Services in the Academic Achievement Center, Maxwell Library Ground Floor. You may also scan and e-mail the completed request form as an attachment to testing@bridgew.edu.