



ACCUPLACER SCORE REQUEST FORM

Testing & Assessment Services | 20000 – 68TH Ave W, Lynnwood WA 98036 | testingcenter@edcc.edu |
Phone: 425.640.1546 | Fax: 425.640.1803 | www.edcc.edu/testing

Date of Request: _____

Name: _____

Former Name: _____

SID #/ or SSN #: _____

Birth Date: _____ Phone: _____

Approximate Year Completed ACCUPLACER Test: _____

PLEASE CIRCLE THE APPROPRIATE NUMBER AND SIGN THE FORM

ATTN: _____

1. Please send this score or transcript to fax number

Fax: 1. _____

2. Please send this ACCUPLACER placement score to the address:

Name or Office: _____

Address: _____

Signature: _____

*Note: The ACCUPLACER test is used for initial placement only, and remains valid as a placement **for two years only**. Please allow 24 hours to process your request once we receive it. There is no fee for this result. Request cannot be processed without student's signature.*