

Request to Send Placement Scores to Another Institution

STUDENT'S CONTACT INFORMATION

First Name	
Last Name	
Shelton State ID #:	S
Phone Number:	
Email:	
Signature:	

SCORE RECIPIENT

Institution Name:	
Contact Person:	
Office:	
Address:	
City, State, Zip:	
Phone Number:	
Fax Number:	
Email:	
How are we to send? (mail, fax, or email)	

TESTING INSTITUTION

Name of Institution:	Shelton State Community College
Contact Person/Office	Martha Key / Testing and Assessment Services
Phone Number:	(205) 391-2231
Fax Number:	(205) 391-2265
Email:	testing@sheltonstate.edu

PLACEMENT TEST(S) GIVEN: PLEASE SEE ATTACHED REPORTS(S)

<input type="checkbox"/> COMPASS	
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