



Score requestors **MUST** provide the name, address and fax number of the institution to which scores are to be sent.

Please note: Score requests are usually processed within 48 hours

--- FILL THIS FORM OUT COMPLETELY ---

**Student Information:**

_____ Name (at time of test administration)	_____ Test Date
_____ Address (at time of test administration)	_____ Date of Birth
_____ City, State, Zip Code	_____ LMC ID # or SS#
_____ Current Name (if different from above)	_____ Telephone #
_____ Current Address (if different from above)	_____ City, State Zip, Code

**I authorize Lake Michigan College Testing Center to release my placement test scores to the person/institution listed below.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Name/Institution Name

\_\_\_\_\_  
Office/Department

\_\_\_\_\_  
Address, City, State, Zip Code

\_\_\_\_\_  
Fax Number of Institution

\_\_\_\_\_  
FAX # \_\_\_\_\_

\_\_\_\_\_  
Contact Number of Institution

**OFFICE USE ONLY**

Date:	Mailed	Faxed	#Pages
Name of Placement Test:			
Reading			
Writing or Essay (circle one)			
Arithmetic or Prealgebra (circle one)			
Elementary Algebra or Algebra (circle one)			
College Level Math			
Trigonometry			