VALENCIA COMMUNITY COLLEGE
TEST SCORE REQUEST FORM

DATE:_____

_____
VALENCIA ID # OR SOCIAL SECURITY #

_____
LAST NAME FIRST NAME MIDDLE INITIAL DATE OF BIRTH

_____
STREET ADDRESS

_____ (____) _____
CITY STATE ZIP TELEPHONE

PLEASE CHECK THE TYPE OF TEST SCORES NEEDING TO BE SENT

☐ CPT ☐ NET ☐ CJ-BAT

PLEASE CHECK HOW THESE SCORES WILL BE SENT

☐ FAX: (_____)_____ ATTN:_____

☐ MAILED ATTN:_____INSTITUTION:_____

_____
STREET ADDRESS

_____
CITY STATE ZIP

☐ PICK UP IN OFFICE: CHECK WHICH ASSESSMENT OFFICE

☐ EAST 5-237 ☐ OSCEOLA 1-127 ☐ WEST SSB-235

THIS REQUEST CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE AND COPY OF YOUR DRIVER LICENSE OR GOVERNMENT ISSUED ID.

_____
STUDENT SIGNATURE

ATTACH COPY OF GOVERNMENT ISSUED PHOTO ID

FOR OFFICE USE ONLY
COMPLETED BY:_____
DATE:_____

Fax Form to Attn: Assessment Office
East (407) 582-2748 or West (407) 582-1682 or Osceola (407) 582-4202