



# RELEASE OF PLACEMENT TEST SCORES

Wayne Community College  
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919-735-5151 • www.waynecc.edu • acadtestingcntr@waynecc.edu

**Attention: Academic Testing Center**

Please send my scores by:

- Mail
- Email
- Issue to me in person

**Notice:**  
Wayne Community College is only able to release placement test scores taken at this institution.

Please allow at least 24 hours from the time of the request before attempting to pick-up test scores.

Please print clearly.

Name under which student attended: \_\_\_\_\_

Student ID number: \_\_\_\_\_

Approximate date of testing: \_\_\_\_\_

I, \_\_\_\_\_, authorize Wayne Community College to release a copy of my placement test scores to these Institutions:

Institution name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Institution name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Institution name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Institution name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Institution name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Student signature: \_\_\_\_\_

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

FOR OFFICE USE ONLY

Date mailed: \_\_\_\_\_

Date emailed: \_\_\_\_\_

Date issued: \_\_\_\_\_