Please send my scores by:

☐ Mail
☐ Fax
☐ 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: __________
Fax number: ________________________________

Institution name: ________________________________
Address: ________________________________ City: __________
State: ________________________________ Zip: __________
Fax number: ________________________________

Institution name: ________________________________
Address: ________________________________ City: __________
State: ________________________________ Zip: __________
Fax number: ________________________________

Institution name: ________________________________
Address: ________________________________ City: __________
State: ________________________________ Zip: __________
Fax number: ________________________________

Institution name: ________________________________
Address: ________________________________ City: __________
State: ________________________________ Zip: __________
Fax number: ________________________________

Student signature: ________________________________
Date: ________________________________

FOR OFFICE USE ONLY

Date mailed: ________________________________
Date faxed: ________________________________
Date issued: ________________________________