



## Accuplacer Score Report Request Form

Students Name (Print): \_\_\_\_\_

Name When Enrolled: \_\_\_\_\_

Mid-State Student ID Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

\_\_\_\_\_ I will pick up the Accuplacer Score Report. Pick up Date: \_\_\_\_\_

\_\_\_\_\_ I request the Official Accuplacer Scores Report be mailed to the following Address:

School/Business: \_\_\_\_\_

Attention: \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Accuplacer Score Report released  
directly to student will be stamped  
"RELEASED TO STUDENT."**

**Picture ID required for Official or Unofficial  
Accuplacer Score Report pickup.**

### SSIC OFFICE USE ONLY

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

Received By: \_\_\_\_\_

### TESTING STAFF USE ONLY

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

Completed By: \_\_\_\_\_

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Vice President – Human Resources; 500 32nd Street North,  
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