OFFICIAL PLACEMENT TEST SCORE TRANSCRIPT REQUEST

Testing Services
Academic Achievement Center
Bridgewater State University
Bridgewater, MA 02325
Phone: 508-531-1780
E-mail: testing@bridgew.edu

STUDENT INFORMATION

Banner ID #: __________________________ OR Last 4 digits of SSN: __________________________

Last name: __________________________ First name: __________________________ Middle initial: _____

Name(s) when attending (if different): _______________________________________________________

Current Mailing Address: ___________________________________________________________________

City: __________________________ State: _______ Zip: __________________________

E-mail Address: __________________________ Phone Number: __________________________

Years Attended BSU: From ___________ To ___________

PLACEMENT TEST SCORES REQUESTED (Check all that you wish to send and/or obtain)

☐ ACCUPLACER Arithmetic
☐ ACCUPLACER Elementary Algebra
☐ ACCUPLACER College-Level Math
☐ ACCUPLACER Reading Comprehension
☐ ACCUPLACER Sentence Skills
☐ BSU Writing Proficiency Essay
SCORE RECIPIENT INFORMATION

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<th>Name of Institution:</th>
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<tbody>
<tr>
<td>Name of Contact Person:</td>
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<tr>
<td>E-mail Address:</td>
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<td>Fax Number:</td>
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Please □ fax □ e-mail (check one or both) my requested placement test scores to the score recipient(s) listed above.

STUDENT DELIVERY PREFERENCES

☐ I would like a copy of my requested placement test scores.

☐ I do not want a copy of my requested placement test scores.

If you would like a copy of your requested placement test scores, please indicate your desired method of delivery:

☐ E-mail the results to the e-mail address indicated in the “Student Information” section.

☐ Fax the results to the following fax number: ________________________________.

☐ Print the results, seal them in an envelope, and hold them for in-person pickup.

By signing this document, I consent to the release of my Bridgewater State University placement test scores to the recipients listed in the “Score Recipient Information” and/or “Student Delivery Preferences” section.

Student Name (Print): _____________________________________________________

Student Signature: __________________________________ Date: ________________

Complete, sign, and return this form to Testing Services in the Academic Achievement Center, Maxwell Library Ground Floor. You may also scan and e-mail the completed request form as an attachment to testing@bridgew.edu.