



# IMPERIAL VALLEY COLLEGE

## ASSESSMENT CENTER

### REQUEST FOR ACCUPLACER STUDENT SCORE REPORT

Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Number \_\_\_\_\_ IVC email \_\_\_\_\_

IVC Student ID (G) number \_\_\_\_\_ Test Date \_\_\_\_\_

Name of High School attended \_\_\_\_\_

Did you take the placement test at (check one):            IVC Campus            High School

**Complete information below if you authorized your ACCUPLACER scores to be sent to another Institution:**

Receiving Institution \_\_\_\_\_ Department \_\_\_\_\_

Contact Person \_\_\_\_\_ Institution's Phone Number \_\_\_\_\_

Institution's email \_\_\_\_\_ Institution's Fax Number \_\_\_\_\_

Submit completed form along with a copy of your photo ID to Assessment Center, room 401 or email at [elizabeth.sanchez@imperial.edu](mailto:elizabeth.sanchez@imperial.edu). For more information, call the Assessment office at 760-355-6450.

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

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#### OFFICE USE ONLY

Assessment Staff \_\_\_\_\_ Date received \_\_\_\_\_

Scores in SOATEST    YES    NO            Scores were hand delivered    YES    NO

Student's ACCUPLACER scores were    emailed    faxed    Date \_\_\_\_\_

By \_\_\_\_\_ Comments \_\_\_\_\_