



**Request for Accuplacer Test Scores**

Name: \_\_\_\_\_

Student Chesapeake College ID or SSN: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_

*Send scores to:*

Name of Institution: \_\_\_\_\_

To the Attention of: \_\_\_\_\_

Address to send via EMAIL: \_\_\_\_\_

Address to send via U.S. MAIL: \_\_\_\_\_

\_\_\_\_\_

Number to send via FAX: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*(By signing this form, you are giving permission for Chesapeake College to share your Accuplacer scores with the person/institution you named above).*

Email this form to [jmcardle@chesapeake.edu](mailto:jmcardle@chesapeake.edu), fax to 410.827.5878, or mail to the address below (attention: J. McArdle). If you have any questions, please call 410.822.5400 ext. 2250.

A Comprehensive Regional Community College

P. O. Box 8 • Wye Mills • MD 21679 • 410-822-5400 • 410-758-1537 • 410-228-4360 • Fax: 410-827-5875

[www.chesapeake.edu](http://www.chesapeake.edu)