



Florence-Darlington Technical College

REQUEST FOR RELEASE OF PLACEMENT TEST SCORES

Individuals requesting release of existing or newly-administered FDTC placement test scores from FDTC's Assessment Center must provide:

- Identification via completed release form/official student email account, and proof of fee payment via a payment receipt with their request.
- Requests made via telephone 843-661-8293 or email at assessmentcenter@fdtc.edu, the requester must provide this completed, signed release request form and proof of payment.
- The fee is \$5.00 payable via FDTC's Business Office in-person or by phone at 843-661-8307 or 843-661-8308.
- Requests made in-person must provide one (1) form of official photo ID, a fee receipt, and completed release form with all required fields completed.

Individuals requesting that FDTC administer the ACCUPLACER test to them here for transfer back to another institution must provide:

- Completed release form, their photo ID, and payment receipt for the \$20-\$25 test proctoring fee (see website for details) before we can administer the new test, provide a copy of new scores, and email the score report to the secondary institution.
- All emailed forms and receipt confirmations are kept on file.
- All score release requests will be processed within two business days of their receipt by the FDTC Assessment Center.

Check/Fill-In the Following Information:

Last Name: _____ First Name: _____ Middle: _____

DOB & Last 4 Digits of SS#: _____ Phone Number: _____

Full Address: _____

I have taken the ACCUPLACER or ACCUPLACER NEXT GENERATION Placement Test at FDTC within the last 5 years and am requesting that a copy of my scores be sent to the college or university listed below. The approximate months/years of my past testing at FDTC were: _____.

I am at FDTC today to take the ACCUPLACER NEXT GENERATION Placement Test and request that FDTC transfer my new (and past) test scores to the university or college listed below via secure email to the appropriate testing center personnel.

Name of College/University Receiving Scores: _____

Full College/University Address: _____

College/University Telephone #: _____

College/University Email Address: _____

Signature: _____ Date Request Submitted: _____