



# Request to Release Placement Test Scores

**STUDENT:** Print or type the information requested below. You must personally sign the certification statement.

Student Name

Student Phone Number

Street Address

City,

State

Zip Code

Date of Birth

**Certification Statement:**

I, (student name) \_\_\_\_\_

Hereby request \_\_\_\_\_ (name of testing site)

**Send Accuplacer/Placement Test Scores to:**

Office of Admissions Riverland Community College

1900 8<sup>th</sup> Ave NW

Austin, MN 55912

Fax: 507-433-0515 % Debbie Sauke

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Today's Date