



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 8th Ave NW

Austin, MN 55912

Fax: 507-433-0515 % Haley Bauer

Student Signature

Today's Date