



# CHANDLER-GILBERT COMMUNITY COLLEGE

## REQUEST FOR TESTING SCORES Testing Center

Please type or print with ballpoint

DATE	CGCC ID (SSN)	DATE OF BIRTH	
STUDENT'S LAST NAME (PRINT)	FIRST NAME	MIDDLE INITIAL	MAIDEN NAME/FORMER NAME

ADDRESS (NO. STREET, APT)	CITY, STATE, ZIP	PHONE
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1. Test Scores will ONLY be faxed to Educational Institutions.
2. Test Scores cannot be faxed to individuals but will be sent via mail to address on file.
3. All requests must be authorized by the student's signature in accordance with the Family Educational Rights and Privacy Act of 1974.

CHOOSE ONE TEST:  <input type="radio"/> ASSET <input type="radio"/> ACCUPLACER <input type="radio"/> NET <input type="radio"/> HCC	FAX TEST SCORES TO THE FOLLOWING PERSON &/or INSTITUTION:  FAX NUMBER: ____ ( ____ ) ____ - ____ .  Attn:
	MAIL TEST SCORES TO:  ATTN: INSTITUTION: ADDRESS:

STUDENT SIGNATURE (Required)	DATE
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Fax completed and signed form to 480-732-7241 – For verification that your form was received; call 480-732-7159.

OR

Mail completed/signed form to:  
 CGCC – Testing Center  
 2626 E. Pecos Rd.  
 Chandler, AZ 85225

