



SCHOOLCRAFT COLLEGE TESTING CENTER

18600 Haggerty Road
Livonia, MI 48152-2696
Phone: 734.462-4806
Fax: 734.462-4808

ACCUPLACER PLACEMENT TEST TRANSCRIPT REQUEST

Required Information: *(please print clearly)*

NAME (maiden name if applicable): _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

STUDENT ID NO.: _____

DATE OF BIRTH: _____

DATE TESTED (month/year*): _____

TELEPHONE NUMBER: (_____) _____

I hereby authorize Schoolcraft College to release my record as requested.

Signature: _____ **Date:** _____

Note: There is no fee for transcript copies

Please allow approximately one week for processing.

*Placement scores over three years old may no longer be valid.

SEND TRANSCRIPT:

- To the address above
- To the address below

Name: _____

Address: _____

City, State, Zip: _____