



ACCUPLACER Score Request Form

Career and Postsecondary Partnerships
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
850 Hungerford Drive, Suite 250
Rockville, Maryland 20850

MCPS Form 320-14
January 2017

This form is for use by students who graduated or withdrew from MCPS within the last 2 years:

ALL REQUESTORS:

1. Complete **PART A** and **PART B**, print out form and sign where indicated.
2. Prepare self-addressed, stamped business-sized envelope per each score report requested.
3. Print and mail completed form to Career and Postsecondary Partnerships (address above).

Questions? Call Career and Postsecondary Partnerships office at 240-453-2490.

PART A: Requestor Information

Student Name: Last _____ First _____ MI _____

Student Maiden Name (if applicable): Last _____ Date ____/____/____

Name of person requesting these records if not student: Last _____ First _____

School student graduated or withdrawn from _____ MCPS Student ID # _____

Year of Graduation _____ **OR** Year of Withdrawal _____

I verify that I am entitled to receive the records requested above because: (**MUST** check one of the below)

- I am the eligible student (18 years of age or attends a postsecondary institution) who graduated or withdrew from MCPS within the last 2 years, or the parent/guardian of the student, if the student is not an eligible student.
- I am authorized by the student or parent/guardian above to receive the Accuplacer Scores (documentation attached)

Requestor's Signature _____ Date ____/____/____

Student's Current Address _____

City _____ State _____ ZIP Code _____

Phone ____-____-____ E-mail address _____

PART B: Postsecondary Institution in which the Student is Enrolled or has Applied

Postsecondary Institution _____ Student ID # at Postsecondary Institution _____

Name of Person Receiving Scores _____ Title _____

Address _____

City _____ State _____ ZIP Code _____

Phone ____-____-____ E-mail address _____

PART C: FOR OFFICE USE ONLY

Request Sent Via: Mail Fax Phone Pony E-mail Date Request Received ____/____/____

Scores Sent Via: Mail Fax Phone E-mail Date Scores Sent ____/____/____ Request and Report Saved

Notes _____

Name (Printed) _____ Signature _____