## Grand Rapids Community College

## Request to Release Accuplacer Placement Test Records

This form is to be used if you would like Grand Rapids Community College to forward a copy of your test results to another college or institution. Your request will be processed within 48 hours of the time that it is received.

Complete this form and return it to the place indicated at the bottom. All sections must be completed and student's signature must be on this request.

Student name:	GRCC Student ID#		
Address:			
City:	State:	Zip Code:	
Email:	Ph	one:	
Signature:			
Please provide the following informates results forwarded, as well as the met	0 0	•	ve your test
Check one: U.S. Mail Fax	Email		
Institution/college:			
Attention:	Fa>		
Mailing address:			
City:	State:	Zip Code:	
Email:	Phone:		
Please return to:			
Enrollment Center/Accuplacer Testin Grand Rapids Community College 143 Bostwick Ave. NE Grand Rapids, MI 49503	g		
Phone: 616-234-4865 / Fax 616-234-3	3200 / Email: <u>enroll@</u>	egrcc.edu	
This form can be faxed, mailed or ser	it via Email (PDF)		