

## REQUEST FOR PLACEMENT TEST SCORES

Please email, mail, or fax this completed form to the Registrar's Office at the contact listed at the bottom of this form.

## NOTE: THE STUDENT'S SIGNATURE IS REQUIRED BEFORE THE PLACEMENT TEST SCORES WILL BE RELEASED

Name (Pl	ease print)	
Today's Date		Student ID or Last 4 digits of SS#
Date of Birth		Current Phone Number
□ Mai		
OR		
□ Em:	ail Scores to:	
(Allow a	minimum of 24 hours)	
Signatur	e of Student (REQUI	RED)

Registrar's Office

109 Barker Hall 800 College Court New Bern, NC 28562

Call: 252-633-0196 • Email: studentrecords@cravencc.edu • Fax: 252-637-6112

Last updated: 11/15/2023