



REQUEST FOR PLACEMENT TESTING SCORES

Please type or print with ballpoint

DATE	EAC ID #	DATE OF BIRTH	
STUDENT'S LAST NAME (PRINT)	FIRST NAME	MIDDLE INITIAL	MAIDEN NAME/FORMER NAME
ADDRESS (NO. STREET, APT)	CITY, STATE, ZIP		PHONE

1. Please allow 24 hours for your request to be processed.
2. Test scores will ONLY be faxed to Educational Institutions. Test scores cannot be faxed to individuals but will be sent via US 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 (FERPA) of 1974.

Please send a copy of my placement test scores to:

Fax Number: (____) _____ - _____ Phone number: (____) _____ - _____

Attn: _____

Mail Test Scores To:

Attn: _____

School/Institution: _____

Address: _____

City/State/Zip: _____

STUDENT SIGNATURE (Required):	DATE:
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Fax completed and signed form to (928) 428-2074.
 For verification that your form was received call (928) 428-8253.
 Or
 Mail completed/signed form to:
 Eastern Arizona College – Evaluation Unit
 615 N. Stadium Ave.
 Thatcher, AZ 85552

<p>For EAC Use Only</p> <p>Date Received: _____</p> <p>Date Faxed/Mailed: _____</p> <p>Name: _____</p>
