

**Testing Center Accuplacer Score Release Form**

**Please contact our office if you have any questions 715-803-1398**

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| --- | --- |
| Name (Last, First MI): | Maiden/Previous Name: |
| Current Address: | City, State, Zip: |
| Phone Number: | Date of Birth: |
| Date Tested & Location of Test: |  |

Type of Test (please circle): Accuplacer or Apprenticeship

**Your signature authorizes NTC to release your accuplacer test scores as requested:**

Signature: Date:

Payment Method: $7 per copy for immediate processing

* Cash (pay in person) do not mail cash
* Enclosed is a check or money order payable to NTC

**Mail Accuplacer Test Scores to:**

 **Return this Request form to:**

NTC – Testing Center

1000 W. Campus Drive

Wausau, WI 54401

Fax: 715.301.2398