



# CHANDLER-GILBERT COMMUNITY COLLEGE

## REQUEST FOR OFFICIAL TEST SCORE

Please complete form (incomplete forms will not be processed)  
**\*Indicates Required Field**

	*DATE (MM/DD/YYYY)	*Maricopa Student ID (8-digit #)	*DATE OF BIRTH (MM/DD/YYYY)
*STUDENT'S LAST NAME	*FIRST NAME	MIDDLE	MAIDEN NAME/FORMER NAME

<ol style="list-style-type: none"> <li>Test Scores will <b>ONLY</b> be faxed to Educational Institutions.</li> <li>Test Scores cannot be faxed to individuals but will be sent via mail to address on file.</li> <li>All requests must be authorized by the student's signature in accordance with the Family Educational Rights and Privacy Act of 1974.</li> <li>Students are required to provide a current copy of one of the following forms of ID: <ul style="list-style-type: none"> <li>Driver's License</li> <li>High School ID</li> <li>College ID</li> <li>State or Federal ID Card</li> <li>Passport</li> <li>Tribal ID Card</li> <li>Naturalization Card (Picture Required)</li> </ul> </li> </ol>	<p><b>CHOOSE TEST:</b></p> <p><input type="radio"/> ACCUPLACER</p> <p><input type="radio"/> ALEKS (Math)</p> <p><input type="radio"/> ASSET</p> <p><input type="radio"/> CELSA</p> <p><input type="radio"/> HESI (Nursing)</p>
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### MAIL TO HOME ADDRESS:

STREET:	CITY:	STATE:	ZIP CODE:	PHONE:
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### FAX TO ANOTHER INSTITUTION:

NAME OF INSTITUTION:	FAX NUMBER:	ATTENTION (If Applicable):
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### MAIL TO ANOTHER INSTITUTION:

NAME OF INSTITUTION:	ATTENTION (If Applicable):	ADDRESS:
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STUDENT SIGNATURE (Required)	DATE: (MM/DD/YYYY)
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Fax form & documentation to 480-732-7241  
For inquiries call 480-732-7159.

OR

Mail form & documentation to:  
CGCC – Testing Center  
2626 E. Pecos Rd.  
Chandler, AZ 85225

**STAFF USE ONLY:**

Picture ID (Copy attached to form)

Date Stamp: \_\_\_\_\_

Initials: \_\_\_\_\_