

## Academic Placement & Testing Center Request to have ACCUPLACER Scores Released

I,			request that:	
	(Print name under which test was ta	ken)		
Northern Essex Community	College, Academic Placement & Testi	ing Center, release my ACCUPLA	CER scores to:	
Name of Institution:				
Address:	City, State:	Zip Cod		
Department:	Con	tact Person:		
	Email Address:			
	formation is needed by Northern Esse			
First Name:	M.I Last Name:	NECC Student ID# or Socia	ıl Security #:	
Address:				
Street	City	State	Zip Code	
Daytime Tel#	Evening Tel#	Email:		
Name under which the test was taken (if different):Date		Date of Birth:	Date of Birth:	
under Accuplacer Fax/Email a previous request(s) at NEC  Mail-in - print out the F money order, made payable to  Walk-in - print out Rec Placement & Testing Center. walk-in.	ne):  o to: <a href="https://www.necc.mass.edu/apply/assess">www.necc.mass.edu/apply/assess</a> Information. First time requests select C, select Accuplacer Fax/Email Requested to have ACCUPLACER Score	t Accuplacer Fax/Email Request Fest Fee-Test Two or Accuplacer Faxes Released Form and mail the con- Released Form and bring the compur registration fees by credit card,	ree – Test One. If you have made ax/Email Request Fee-Test Three.  Inpleted application in with a soleted form to the Academic money order at the time you	
	Attention: Donna Fe 100 Elliott Street, H Technology Cent	elisberto, Coordinator Iaverhill, MA 01830 ter, Room TC-128 ss.edu   Fax 978-556-3169		
Signature:		Date:		