

Please send this form via mail, fax, or scanned email attachment to:  
James Sprunt Community College  
PO Box 398  
Kenansville, NC 28349  
Fax (910) 296-1222  
studentservices@jamesprunt.edu



### JSCC PLACEMENT TEST SCORES REQUEST FORM

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

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Student ID No: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date Tested: \_\_\_\_\_

Number of Copies: \_\_\_\_\_

\_\_\_\_\_ Pick-up

\_\_\_\_\_ Mail

Mail to:

\_\_\_\_\_  
(Name and/or Title)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_ Official (in a sealed envelope)

\_\_\_\_\_ Unofficial (for my use only)

\_\_\_\_\_ Fax/Email unofficial copy to: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

FOR OFFICE USE ONLY

Date Mailed/Faxed/Emailed: \_\_\_\_\_

Date Picked Up: \_\_\_\_\_