

Florida Gateway College: Test Score Request Form

Today's Date: _____

Name: _____

Date of Birth: _____

FGC ID (if applicable): _____

Address: _____
Street Address Apt. #

City State Zip Code

Wolves email: _____@wolves.fgc.edu Phone # _____

Test Scores Requested: _____ P.E.R.T. _____ CPT _____ CJBAT

I prefer to receive my scores through:

_____ E-mail to Wolves e-mail above

_____ Fax: _____ ATTN: _____

_____ Mail: Institution: _____ ATTN: _____

Address: _____
Street Address

City State Zip Code

_____ Pick up at an Test Center.

NOTE: Family Educational Rights and Family Privacy Act (FERPA), Statute 20, United States Code, section 1232g, protects sensitive information of students and parents from improper dissemination. This communication is intended for the use of the individual(s) and/or institution(s) named above. If you have received this in error and are not an intended recipient please disregard, notify the sender, and discard any copies immediately.

Student Signature

Date

ATTACH COPY OF
GOVERNMENT ISSUED
PHOTO ID

For Assessment Use Only

Completed by: _____ Date: _____

Please follow the instructions attached to this request

Student Instructions

1. Make sure you fill out the form completely. Incomplete requests will not be honored.
2. Attach a copy of a government issued picture ID that also includes your signature. Request forms without a picture ID with signature will not be processed.
3. Make sure to sign the form. Forms without the signature will not be processed.
4. Fax the form to the Test Center:(386) 754 - 4878
5. Allow 3-5 business days for your request to be completed. No requests are processed on the same day.