

# 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. For more on Valencia's FERPA policy, visit our website at <http://www.valenciacc.edu/ferpa/>*

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

\_\_\_\_\_  
Date

**For Assessment Use Only**

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

ATTACH COPY OF  
GOVERNMENT ISSUED  
PHOTO ID

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 - 4833
5. Allow 3-5 business days for your request to be completed. No requests are processed on the same day.