Valencia College
Test Score Request Form

Today’s Date: _______

Name: ____________________________________ Date of Birth: ________________

VID:___________________

Address: ____________________________________________

Street Address Apt. #

City State Zip Code

Atlas email:__________________________@mail.valenciacollege.edu Phone # ____________________________

Test Scores Requested: _____P.E.R.T. _____CPT _____ CJBAT

I prefer to receive my scores through:

_____ E-mail to Atlas e-mail above

_____ Fax: _____________________________ ATTN: ____________________________

_____ Mail: Institution: _____________________________ ATTN: ____________________________

Address: ____________________________________________

Street Address

City State Zip Code

_____ Pick up at an Assessment Office: _____ East, 5-237 _____ Osceola, 2-127 _____ West, SSB-235

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

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 Assessment Center of your choice:
   
   East (407) 582-2748
   
   West (407) 582-1682
   
   Osceola (407) 582-4202

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