



# Request for Accuplacer Score Report

Please allow 7 days for processing

**PLEASE PRINT**

ARCC Student ID (8-digit #) or Star ID: \_\_\_\_\_ Request Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Contact Number: (\_\_\_\_\_) \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*MM DD YYYY*

Approximate date of test: \_\_\_\_\_

*(Note: We can only provide Accuplacer test scores for students who tested at ARCC, we cannot provide them for other locations.)*

**PLEASE CHECK ONE:**

Pickup at Anoka Ramsey Community College Testing Center  Cambridge campus  Coon Rapids Campus

Email: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Attn: \_\_\_\_\_

Mail to: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

*By signing this form, you are authorizing Anoka Ramsey Community College to release specified information to the following:* Name of institution/person: \_\_\_\_\_

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

**Return form to:**

**Coon Rapids Campus**

Anoka Ramsey Community College  
Attn: Testing Center SC150  
11200 Mississippi Blvd NW  
Coon Rapids MN 55433-3470  
763.433.1180

**Cambridge Campus**

Anoka Ramsey Community College  
Attn: Testing Center D208A  
300 Spirit River Drive South  
Cambridge MN 55008-5704  
763.433.1980

Email: [testingservices@anokaramsey.edu](mailto:testingservices@anokaramsey.edu)

Fax: 763-433-1521

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Completed By: \_\_\_\_\_ Completed Date: \_\_\_\_\_