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: ( ) __________________________

Address: __________________________ City, State, Zip: __________________________

Email: __________________________ Date of Birth: ________ / ________ / ________

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
Fax: 763-433-1521

FOR OFFICE USE ONLY
Date Received: ________________ Completed By: ________________ Completed Date: ________