



# OFFICIAL PLACEMENT TEST TRANSCRIPT REQUEST FORM

St. Johns River State College  
Florida School of the Arts

Palatka  
5001 St. Johns Avenue  
Palatka, FL 32177  
(386) 312-4050

Orange Park  
283 College Drive  
Orange Park, FL 32065  
(904) 276-6800

St. Augustine  
2990 College Drive  
St. Augustine, FL 32084  
(904) 808-7400

**Please Print:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address City State Zip*

Date of Birth: \_\_\_\_\_ Daytime Phone Number: ( \_\_\_\_\_ )

Student Identification Number: \_\_\_\_\_

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

Placement Test Transcripts requested:

Official Copies: \_\_\_\_\_

Send my placement test transcripts to the following College or University:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**IMPORTANT NOTE:** If your records are not clear for any reason, we will be unable to process your request. In such case, we will notify you at the above address and/or telephone number.

Placement Test Scores transcript prepared by: \_\_\_\_\_ on (date): \_\_\_\_\_