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): ____________

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