OFFICIAL PLACEMENT TEST TRANSCRIPT
REQUEST FORM
St. Johns River State College
Florida School of the Arts

Please Print: 

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): ____________

EQUAL OPPORTUNITY/EQUAL ACCESS COLLEGE