

Fill out the form online, save and print. You may also print the blank form and complete with a black pen. Once you have SIGNED the form, you may FAX your completed form to Gwinnett Tech's secure digital fax line at 770-685-1267 or e-mail the form to registraroffice@GwinnettTech.edu. You may also mail the completed form to the address in the upper right margin of this form. Incomplete forms will not be processed.



Please mail, fax or email form to:
5150 Sugarloaf Parkway
Lawrenceville, GA 30043
Phone: 678-226-6621
Fax: 770-685-1267
Email: RegistrarOffice@GwinnettTech.edu

REQUEST FOR COMPASS/ACCUPLACER SCORE

You may mail, fax or e-mail this form back to us. No electronic signatures are permitted.

SSN/Student Identification Number

E-mail Address

Last Name

First Name

MI

Maiden

Street Address

City

State

ZIP

Daytime Phone

***Test scores will not be furnished for any student whose financial obligations to Gwinnett Technical College have not been satisfied.**

For your Entrance Exam Score Request, complete box below:

Same Day \$25 (no overnight)

Free 72-hour processing (NOT INCLUDING THE DAY REQUESTED)

\$3.00 additional fee to fax to institution's number provided below (not official if faxed)

Compass/Accuplacer: Number of copies requested

Student will pick up **OR** Mail scores to address listed below

Name of Institution

Street Address

City

State

ZIP

If score is to be faxed (additional fee), please provide number

Every attempt is made to properly mail requests, but the institution cannot assume responsibility for final delivery.

*Gwinnett Technical College is only permitted to provide Gwinnett Technical College entrance exams, not copies of entrance exams sent by other colleges. Please go back to the institution that provided the testing.

Proof of ID is required for all requests to be processed. Please attach a valid, legible photocopy of driver's license.

Signature _____ Date _____

Please complete if you would like to pay by credit card.

Student Authorization: I, _____, authorize Gwinnett Technical College to charge my credit card

in the amount of \$ _____

I request that a test score for the student be sent to the address shown above.

Type of credit card Visa MasterCard Discover American Express

Credit card number Exp Date (MM/YY)

Name as it appears on credit card

Print Name _____

Signature _____

REGISTRAR USE ONLY: MAILED _____ FAXED _____ E-SCRIPTED _____ PROCESSED BY _____