



5150 Sugarloaf Parkway  
Lawrenceville, GA 30043  
Phone 678-226-6621  
Fax 770.685-1267  
(Secure digital fax)

## REQUEST FOR COMPASS / ACCUPLACER SCORE

**You may e-mail this form back us. No electronic signatures are permitted.**

Fill out the form online, save and print. You may also print the blank form and complete with a black pen.  
Fax your completed form to GTC's secure digital fax line at (770) 685-1267 or mail to address at upper right of form, or e-mail the form to [registraroffice@gwinnettech.edu](mailto:registraroffice@gwinnettech.edu). Incomplete requests will not be processed.

Student Identification Number/SSN: \_\_\_\_\_ Email address: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Maiden: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ 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 processing - \$25 (**CAN ONLY BE DONE IN-PERSON**) \_\_\_\_\_  
 Free 72-hour processing – Free (**NOT INCLUDING THE DAY REQUESTED**) \_\_\_\_\_

**Additional fee to fax to an institution's number (Not official if faxed).**  
 If scores are to be faxed (additional \$3.00 fee - **CAN ONLY BE DONE IN-PERSON**) \_\_\_\_\_  
 Please provide the number/attention to: \_\_\_\_\_

Compass/Accuplacer: Number of Copies Requested \_\_\_\_\_

Please check one:  
 Student will pick up \_\_\_\_\_ **OR** Mail scores to address listed below \_\_\_\_\_:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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 provide the testing.

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

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Registrar Office Use Only:

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_ Faxed: \_\_\_\_\_ Mailed: \_\_\_\_\_