

Central Piedmont Placement Test Transcript Request Form

1. Complete all sections of this document.
2. Print & sign this document.
3. Once completed and signed, return via email to testingcenter@cpcc.edu

First Name: Middle: Last:

Current Address:

City: State: zip Code:

Date of Birth:

CPCC Student ID Number:

Daytime Telephone Number:

Testing Location (Campus Name or High School): Test Date:

Please complete this section to identify where your transcript will be sent. Ensure this information is accurate. Not completing this section may result in a processing delay. TRANSCRIPTS CAN ONLY BE SENT TO EDUCATIONAL INSTITUTIONS:

College / University:

Address:

Department:

City: State: zip Code:

Email:

Fax: Attention:

Signature Required: By signing your name below, you grant Central Piedmont permission to release your placement test transcript to the aforementioned educational institution:

Name: Date: