

Request for Placement Score Report

Send Request to Stu	udent Assessment Sei	rvices by:	
	206-934-6766 & email to: Kathy.ma		South Seattle College Student Assessment Services 6000 16 th Ave SW, RSB 76 Seattle WA 98106-1499
Scall	& email to. Ratify.in	aiek@seattiecolle	eges.euu
Today's Date:			
Printed Name:			
Date of Birth:	Month a	nd Year test was taken ((estimate if not certain):
Identification Number use	d at time of test (or SSN):		
Signature:			
Contact (daytime phone) r	number:		
Student ID# for South Se	eattle College:		
Student Assessmen	t Services, phone: 200	6-934-6729	
Instructions: (inclu	ude contact name with FA	X number or address	for sending to other institutions, companies, etc.)