

Bladen Community College
Request for Placement (Accuplacer) or Nursing (TEAS) Test Scores

Your name (print) _____

Your Social Security Number _____ - _____ - _____ Phone # _____

Your name while enrolled (if different from above) _____

Test Scores Requested (circle one): **Placement Test** **Nursing Test (TEAS)**

Approximate month & year you took the test: _____

Name & address of the person or institution to which test scores are to be sent:

SIGNATURE (Required) _____ **Today's Date** _____

Test scores will be mailed within five (5) business days of request.

FOR OFFICIAL USE: Test Scores Sent on _____ by _____ (Initials)