



CHANDLER-GILBERT COMMUNITY COLLEGE

REQUEST FOR OFFICIAL TEST SCORES

***Indicates Required Field**

*Date Submitted (MM/DD/YYYY)	*Maricopa Student ID (8-digit number)	*MEID	*Date of Birth (MM/DD/YYYY)
*Student's Last Name	*Student's First Name	M.I.	*Phone
*Student's Email			

<ol style="list-style-type: none"> Please complete all required fields (incomplete forms will not be processed). Forms will be processed within 1-2 business days. Test Scores cannot be faxed or e-mailed to individuals, but will be sent via mail to address in the student's record. All requests must be authorized by the student's signature in accordance with the Family Educational Rights and Privacy Act of 1974. *Students are required to provide a current copy of one of the following forms of ID (please ensure that it is a clear copy): Note: Please enlarge and lighten the copy of your photo ID. <ul style="list-style-type: none"> • Driver's License • Current year High School ID • College ID • State or Federal ID Card • Passport • Tribal ID Card • Naturalization Card (Picture Required) • For additional ID options see website: www.cgc.edu/testing 	<p>*CHOOSE TEST:</p> <p><input type="radio"/> ACCUPLACER</p> <p><input type="radio"/> CELSA (ESL)</p> <p><input type="radio"/> HESI-A2 (Maricopa Nursing Programs Only)</p> <p>Note: Students who completed a test for a non-Maricopa institution must pay a \$25.00 proctoring fee on the day of service. Students must have paid the \$25.00 proctoring fee prior to requesting the official scores be sent to an institution not in the Maricopa system.</p>
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***CHOOSE (1) OPTION:**

MAIL TO HOME ADDRESS (Address on file in student record)

FAX TO ANOTHER INSTITUTION:

NAME OF INSTITUTION:	FAX NUMBER:	ATTENTION (If Applicable):
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E-MAIL TO ANOTHER INSTITUTION:

NAME OF INSTITUTION:	E-MAIL:	ATTENTION (If Applicable):
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*STUDENT SIGNATURE (Required)	*DATE: (MM/DD/YYYY)
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<p>Return completed form & documentation: Note: Please enlarge and lighten the copy of your photo ID.</p> <ul style="list-style-type: none"> • Fax 480-732-7241 • Email: testing@cgc.edu • Mail: CGC – Testing Center Coyote Center 2626 E. Pecos Rd. Chandler, AZ 85225 	<p>STAFF USE ONLY:</p> <p><input type="radio"/> Picture ID (Copy attached to form or in-person confirmation)</p> <p><input type="radio"/> Enrolled or has completed courses – MCCC</p> <p>Paid \$25.00 Proctoring fee: Yes No</p> <p>Date Request Completed: _____</p> <p>Initials: _____</p> <p>Notes: _____</p> <p>_____</p>
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