



TO: Solano Community College Assessment Center, Bldg. 400, Rm. 442
4000 Suisun Valley Road, Fairfield, CA 94534
Ph: (707) 864-7000 ext. 4525 Fax: (707) 646-2083

Request to SEND SCC English and/or Math Assessment Scores to Another College

FOR: Student Name: _____
Solano Community College Student ID Number: _____
Birth Date: _____ Ph: (_____) _____
E-Mail: _____

All requests must include a copy of your drivers license, state issued ID, federal ID or passport.

Please Mail My Assessment Test Scores to:

Other College Name: _____

Other College Student ID Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Ph: (_____) _____ Fax: (_____) _____

Please E-Mail My Assessment Test Scores Attention To: _____

E-Mail Address: _____

Please Fax My Assessment Test Scores Attention To: _____

Fax Number: _____

Student Signature: _____ **Date:** _____

Office Use Only