



To: Solano Community College
Placement/Proctoring Center, Bldg. 400, Rm. 442
4000 Suisun Valley Road, Fairfield CA 94534
Ph: (707) 864-7118 Fax: (707) 646-2053

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 driver's 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:** _____

Date Received:	Office Use Only
Date Processed:	
Source: Placement/Proctoring Center—Updated 03/05/2018 MA	