



Request for Assessment Scores

Today's Date: _____ Contact number: () _____

Student's name (please print): _____

VVC ID# or SSN: _____ Date of Birth: _____

Approximate date Assessment test was taken: _____
(month/year)

Did you take your test at your high school through the Bridge Program? Yes No

Have you earned a high school diploma/GED? _____ Are you currently in a k-12 grade? _____

Please circle your reason for requesting a copy of your assessment scores:

Replace Lost Copy Financial Aid Counseling DSPS
Registration Transfer EMT/Paramedic Program EOPS
CALWORKS English or Math Prerequisite Challenge Other

Scores will be available to view and or download via email, mail or fax.

mail scores to: email scores to: fax scores to:

I give permission for Victor Valley College to release my tests scores as indicated above.

*I understand that my scores will be processed within 24-48 hours and will be sent via email, mail or fax.

Signature

FOR OFFICE USE ONLY

Identification Verified _____

Date Furnished: _____