

REQUEST FOR OFFICIAL TEST SCORES

**THIS FORM IS ONLY FOR PEOPLE THAT DO NOT HAVE AN ACADEMIC RECORD WITH

LANIER TECHNICAL COLLEGE**

All others must request an Official Transcript www.laniertech.edu/transcript

Date:	Date of Birth:	
Name:		
(First)	(Middle)	(Last)
Last Four of SSN:	Name used when tested at Lanier Technic	al College:
Current Address:		
Email Address (required):		Current Phone:
I request that Lanier Tech releas	e my Official Test Scores to:	
	ons Test Scores (Compass, Accuplacer or Accument, the requestor will receive an ema	
Release Requested Documents to	D:	
	(Name of Individual/College	e/Employer, etc.)
Mailing Address if Applicable:		
Distribution Instructions:		
Mail Document to addres	s above.	
Fax Document to: ()	
Email Document to:		
I Will Pick Up Document A	xt:	
Hal	l Forsyth Jackson	Barrow Dawson
Student Signature (Required): _		

NOTICE OFFICIAL TEST SCORES ARE PROCESSED WITHIN TWO BUSINESS DAYS. IF PICKUP IS REQUESTED, ALLOW FIVE BUSINESS DAYS FOR DELIVERY TO BARROW, DAWSON, FORSYTH, OR JACKSON. DUE TO THE CONFIDENTIAL INFORMATION, THE <u>STUDENT SIGNATURE IS REQUIRED</u>. THE ENVELOPE MUST REMAIN SEALED IN ORDER TO BE CONSIDERED OFFICIAL.

Equal Opportunity Institution

For more information about our graduation rates, the median debt of students who completed the programs, and other important information please visit our website at http://www.laniertech.edu/GE.aspx.