

Testing Services
ACCUPLACER Score Report Request

201 Mullica Hill Rd
Glassboro, NJ 08028-1701
(856) 256-4263

ACCUPLACER Score Reports will not be provided until all obligations to the university have been satisfied.

Completed forms may be submitted by fax: 856-256-4438 or by email: testingservices@rowan.edu

Rowan ID _____ Last Semester enrolled at Rowan University: _____

Current Name _____

Address _____

City/State/Zip _____

Phone# (Daytime) _____

Date of Birth _____

Previous name under which you were enrolled (if different from above):

Clearly print the contact information including the contact phone number and email address or fax number where the transcript should be sent:

Academic Institution: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Fax Number: _____

Pursuant to the provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), I grant permission for release of my academic record to me or the individual indicated. Allow five (5) business days for processing.

Signature _____

Office Use Only:

Received By _____ Date Received _____ Date Processed _____