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 ___________________