Request – Accuplacer at Remote Location

Student Information

Last Name: ___________________________  First Name: ___________________________  Student ID: ________

Address (street, city, state, zip): _____________________________________________________________

Email: ____________________________________________________________

Phone: ____________________________________________________________

Proctor Information

Provide the following information regarding the person who has agreed to administer/proctor the Accuplacer tests for you. The administer/proctor must be someone from a test center at an academic institution.

Last Name: ___________________________  First Name: ___________________________

Institution: ____________________________________________________________

Address (street, city, state, zip): _____________________________________________________________

Email: ____________________________________________________________

Phone: ____________________________________________________________

Return the completed form to the NHCC Testing Center.