



Standard Request for Test Score Reports

Student Information – Complete All Fields *(Print clearly or type)*

Name: _____ Former Last Name (if any): _____

Student ID # or last 4 digits of Social Security #: _____ Date of Birth: _____

Current Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____

Email Address: _____

Order Information

Number of Test Score Reports Requested (\$7.50 per copy) _____ Total payment enclosed: _____

Delivery Options (Choose One)

- 1. Mail to address indicated below

 Site/Person

 Address

 City State Zip
- 2. Deliver to receptionist / I will pickup
Photo ID is required
 Indicate Campus:
 Clarkesville (Clegg Building)
 Blairsville
 Currahee
(NGTC will call when report is ready)
- 3. Fax to the following:
 Name: _____
 Fax #: _____
- 4. Email to the following address

Student Signature: _____ Date: _____
(Required by Federal Law)

Mail form and payment to:

North Georgia Technical College
 Office of the Registrar
 PO Box 65
 Clarkesville, GA 30523

- Make checks or money orders payable to NGTC.
- Cash is accepted but mailing cash is not recommended.
- Sealed envelopes containing forms and payment may be submitted to receptionists on any NGTC campus.
- Standard requests for test score reports are processed within 5 business days.

NGTC Use Only Paid (amount): _____

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