



PLACEMENT TEST SCORES REQUEST

E-mail, fax, mail, or hand-deliver completed **signed** form with fee to:

rcs@roguecc.edu
Fax (541) 471-3585
Rogue Central
Rogue Community College
3345 Redwood Highway
Grants Pass, OR 97527

rcs@roguecc.edu
Fax (541) 245-7648
Rogue Central
Rogue Community College
117 S Central Avenue
Medford, OR 97501

rcs@roguecc.edu
Fax (541) 245-7976
Rogue Central
Rogue Community College
7800 Pacific Avenue
White City, OR 97503

Send now
 Will pick up

Date _____ RCC ID _____ Birth Date _____

Last Name _____ First _____ MI _____ Previous _____

Mailing address _____ City _____ ST _____ Zip _____

Email _____ Phone _____

Student Signature (Required) (Digital Signature NOT accepted)

Allow 10 business days for processing

Payment Information
Orders without payment will not be processed

FEE: \$15 for each copy

_____ Total Copies Requested \$_____ Total Payment Included

Cash (Do not mail cash) Check Make payable to: Rogue Community College

Credit Card: Visa MC Discover AMEX

Card Number _____ Expiration date _____ CVV Code (3 digit code on back) _____

Cardholder's Name _____ Cardholder's Phone _____

Cardholder's Signature _____

Please mail _____ copy of my Placement Test SCORES to me at the address listed above.

Please **FAX** _____ copy of my Placement Test SCORES to this school at the following
NUMBER

Name of school

(_____) _____
Fax number