



Los Angeles Valley College

5800 Fulton Avenue
Valley Glen, California 91401-4096

Placement Result Request and Release Form

- Complete All Sections – then print & sign
Once signed, return via email (scan), fax, mail or in person

Student Information :
Date: LACCD ID #: Date of Birth:
Last Name: First Name: Middle Name:
Current Address: City, State, Zip:
Email: Phone:

Release Policy:
Please allow 3 working days upon receipt of this form to process all requests.
Placement Results will ONLY be faxed to Educational Institutions.
All requests must be authorized by the student’s signature in accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974.
All requests MUST be signed by the student requesting the release, in order to be processed.

I authorize Los Angeles Valley College to fax the following results to:
Placement or other (check one):
( ) Accuplacer English, ( ) Accuplacer ESL, ( ) Accuplacer Math, ( ) Chemistry Readiness Exam
Name of Institution: Name of Contact Person: Department:
Institution Address: City, State, Zip:
Fax Number: Contact Number:

Student Signature (required): Date:

Fax, mail, email (scan) or drop off this completed request form to:
Address: Email: Fax Number:
c/o ASSESSMENT CENTER HERNANG12@LAVC.EDU (818) 947-7282
Los Angeles Valley College Assessment Center
5800 Fulton Ave. Valley Glen, CA 91401
Campus Location: Student Services Center Room 242
LAVC Office Use Only:
Date Received: Date Faxed: