



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 #: 88-	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:
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Fax, mail, email (scan) or drop off this completed request form to:

Address: c/o Admissions and Records Los Angeles Valley College Assessment Center 5800 Fulton Ave. Valley Glen, CA 91401	Email: sancher@lavc.edu	Fax Number: (818) 778-5519 or (818) 947-2501
Campus Location: CSIT 2 Trailer	LAVC Office Use Only:	
	Date Received:	Date Faxed: