

Testing Center
Confluence – Room 216
Campus Box 500
P.O. Box 173363
Denver, CO 80217
Fax: 303-556-8027
Phone: 303-352-6810
Email: arpana.sareen@ccd.edu
Website: www.ccd.edu/testing



ACT/SAT OR Accuplacer Test Results

Name: _____		
Last	M.I.	First
S#: S _____	Phone #: _____	Date of Birth: _____
Email: _____@student.cccs.edu		
Your official CCD email account is the only email CCD will accept for correspondence.		
<i>I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.</i>		
Student: _____		
Print Name	Signature	Date
<i>Note: For all ACT/SAT score reports recorded on an OFFICIAL HIGH SCHOOL TRANSCRIPT, these documents must be submitted to the CCD Admissions, Records and Registration Office, Confluence Building Rm. 114, P.O. Box 173363 Campus Box 201 Denver, CO 80217-3363</i>		
Internal Use Only		
Date Received: ____/____/____		
Received by: _____ Completed by: _____		
Note: Enter the date of test taken in SOATEST. Don't forget to add a comment in SPACMNT about where the Accuplacer scores come from.		

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