Hennepin Technical College℠

TEST SCORE REQUEST

Allow 10 days for processing

Please Print or Type

Student Tech ID or StarID:_____ Date: _____

Student Name:_____Phone:_____
Last Name *First Name* *Middle Name*

Street Address: _____

City / State / Zip: _____ _____ _____

Score Report Requested: ☐ Accuplacer ☐ NOCTI ☐ HESI ☐ Other_____

Approximate date test was taken: _____

Test taken at: ☐ Hennepin Technical College ☐ My High School: _____

Please Check One:

☐ Will pickup at: ☐ Brooklyn Park Campus ☐ Eden Prairie Campus
Must present Photo ID for pickup at the front Security desk (either campus). All documents must be picked up within 2 weeks of original request.

☐ Email scanned image to requested email address: _____

☐ Fax to Name: _____ Fax Number: _____

☐ Mail to Name: _____

Address: _____City/State/Zip: _____

By signing this form, you are authorizing Hennepin Technical College to release specified information to the following:

Name of institution/person: _____

Student Signature:_____

Return this form by mail or email to: Hennepin Technical College, ATTN: Testing Center *(Testing@hennepintech.edu)*
Brooklyn Park Campus: 9000 Brooklyn Boulevard Brooklyn Park, MN 55445
Eden Prairie Campus: 13100 College View Drive, Eden Prairie, MN 55347

For Office Use Only

Date Received: _____ Completed By: _____ Completed Date: _____