

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

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

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

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

<input type="checkbox"/> Send now
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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**

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Cardholder's Signature \_\_\_\_\_

Please mail \_\_\_\_\_ copy of my Placement Assessment SCORES to me at the address listed above.

Please **FAX** \_\_\_\_\_ copy of my Placement Assessment SCORES to this school at the following NUMBER

\_\_\_\_\_  
Name of school

(\_\_\_\_\_) \_\_\_\_\_  
Fax number