



PLACEMENT ASSESSMENT SCORES REQUEST

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

Email: Registrar@roguecc.edu

Fax: (541) 471-3585

Mail: Registrar

Rogue Community College

3345 Redwood Highway

Grants Pass, OR 97527

Date _____ RCC ID _____ Birth Date _____

Last Name _____ First _____ MI _____ Previous _____

Mailing address _____ City _____ ST _____ Zip _____

Email _____ Phone _____

Student Signature **(Required)** **(Digital Signature NOT accepted)**

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