



Test Score Request Form

Date: _____

Student ID or Birth Date: _____

Phone Number: _____

Please send my test scores to:

Name of Institution: _____

Attention: _____

Street Address: _____

City, State, Zip: _____

Fax: _____

Name of Student (Print Legibly): _____

Signature: _____

This form must be submitted to the IWCC Records & Registration Office in Clark Hall.

Mail request to:

**Iowa Western Community college
Records & Registration Office
2700 College Road
Council Bluffs, IA 51503**

Or

**Fax request to:
(712)325-3720**