

Evaluation Scanning Services Request Form

Dept. Chair: _____, _____
Last Name First Name

Dept. Name: _____ Phone #: _____

Semester: _____

I would like the scores sent via e-mail to my:

: First Class : Other E-mail - _____

Admin Personnel Point of Contact Name: _____

Phone #: _____

E-mail: _____

Special Instructions:

Date: _____

Time: _____