



Name (First, Middle, Last): _____ Other Names used: _____

Address (Street, City, State, Zip): _____

Date of Birth: _____ SS# (Last Four): _____ Telephone Number: _____

Name of Assessment: _____ Date of Assessment: _____

Please send form by: ☐ Email ☐ US Mail ☐ Fax

Send My Moore Norman Technology Center Assessment Results To:

(Applicant is responsible for complete address)

Institution/Person/Agency Name: _____

Street/Box: _____

City, State, & Zip: _____

Fax number: _____ E-mail: _____

Student Signature: _____ Date: _____

Signature Agreement*

Electronic Signature Agreement. By selecting this box and typing your name above, you are signing this agreement electronically. You agree your electronic signature is the same as a handwritten signature for the purposes of validity, enforceability and admissibility.

Send Request to or for Inquiries/Comments:

Assessment Center

Moore Norman Technology Center

PO Box 4701

Norman, OK 73070-4701

Franklin Road 405-801-5015/ South Penn 405-801-5851

Email: assessment@mntc.edu

If you are faxing or emailing this request, please note:

**** This request will not be completed unless a legible copy of your photo ID is sent along with this request form****