

**TESTING and ASSESSMENT  
 Dual Enrollment Referral Form**

DATE: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

GUIDANCE COUNSELOR: \_\_\_\_\_

COUNSELOR'S PHONE#: \_\_\_\_\_ FAX#: \_\_\_\_\_

I hereby request that the student listed below be tested at Pensacola State College for dual-enrollment purposes.

COUNSELOR'S SIGNATURE: \_\_\_\_\_

**STUDENT INFORMATION**

STUDENT'S NAME (please print): \_\_\_\_\_  
(Last)
(First)
(Middle Name)

D.O.B.: \_\_\_\_\_ SSN: \_\_\_\_\_ (see reverse for SSN Collection Statement)

**Check One Please . . .**

**I, \_\_\_\_\_ hereby authorize Pensacola**  
**(print student name)**  
**State College to submit my P.E.R.T. placement scores to my high school counselor.**

\_\_\_\_\_ **STUDENT'S SIGNATURE** \_\_\_\_\_ **DATE**

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