REQUEST FOR CUNY SKILLS SCORES

_____

Name: Last First Middle Maiden or Other

_____

Address: Number & Street Apt# City State

_____/_____/_____ From:_____To:_____

Social Security # Hunter Attendance

_____/_____/_____ _____/_____/_____

Date of Orig. Test Date of Retest (if taken)

Complete CUNY School where the scores are to be sent:

_____

_____

_____

_____

_____

_____ _____/_____/_____

Student Signature Date