Regional Testing Center

FEEDBACK FORM

Candidate, please fill out this form in its entirety and mail it to the address provided below, or you may choose to email the information on this form. Your comments will be reviewed by the Regional Testing Center. You will be notified in writing within 30 days.

Mailing Address	**Email**
Southern Regional Testing Center Golden West College 15744 Golden West Street-Forum I, Room 112A Huntington Beach, CA 92647	Kimberly Francis kfrancis@gwc.cccd.edu

Your Name:	Date Submitted:
Your Address:	Home Phone: ( )
Your Email:	Cell Phone: ( )

Date Exam Taken:	Test Site (Exam Location):

Which exam did you take on the above date? Please **circle** the exam taken and your results.	Skills	PASS	FAIL
	Written	PASS	FAIL

PRINT NEATLY: Please state your comments below. If necessary, continue on the back of this form.