



Please print legibly and fill in ALL blanks. Return with receipt (if applicable) to Temple College Testing Center via email at testingcenter@templejc.edu, Main Campus fax 254-298-8228, Hutto fax 512-759-5616, or submit in person.

Date: _____ Full legal name exam was taken under: _____

Student ID # (if known): _____ Last four of SSN: _____ Date of Birth: _____

Mailing Address: _____ Contact Number: _____

Test you are requesting scores for: _____ Month and year tested (roughly): _____

School test was taken at (must provide): _____

Mark All that Apply:

In-person pick-up

Send to: *Self (at address above)*

Self (different address)

Provide address: _____

College/University

Provide school, which department to send to, and address:

Fax or Email

Provide number or email address and attention to:

I affirm that by signing this document I am authorizing the Temple College Testing Center to release my score report to the above entity. Where necessary, I grant permission for my scores to be accessed via a database even if my test was taken with a different school.

Signature: _____ **Date:** _____

*This form must be signed for Temple College to release/retrieve your scores. The first 3 copies are free. Any additional copies will assess a \$5.00 re-printing fee made payable to Temple College and submitted to the Cashier's Office. There may be some scores that testing staff cannot retrieve, or a transcript would be the only way to obtain your test scores. Please allow 3-5 business days for processing.