

DATE: _____

Please provide complete information. Incomplete or incorrect requests will not be processed

Test Scores Release Form

Student Name (printed clearly):

TCC's ctcLink SID Number: _____

Please sign here to authorize your request:

I hereby give Tacoma Community College permission to release my Accuplacer Test results to the following:

Name of person or institution: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Please allow 1 to 2 business days for processing.