

Test Score Request Form

Please fill out this form and submit to the address listed below. Requests may be submitted by mail, email, fax, or in person. **No test scores will be released without signed authorization from the individual making the request.**

Western Technical College
 ATTN: Assessment Center
 400 Seventh Street North, PO BOX C0908
 La Crosse, WI 54601
 Phone: (608) 785-9566
 FAX: (608) 785-9104
 Email: assessmentcenter@westerntc.edu

Name _____
Last Name (Print) First Name M.I. Previous Name

Street Address _____ Birth Date _____

City _____ State _____ Zip Code _____

Date of Test _____ Western Student ID # _____

Type of Test: COMPASS ACCUPLACER ASSET OTHER: _____

Please provide as much information as possible in the following sections, as they apply. Providing the proper information will better ensure that test score results are transferred as quickly as possible.

Release my scores by: Email _____ Fax _____ Mail _____ In-person (date to pick-up) _____

Release scores to: _____
Name of Institution

Attention

Address

Address, continued...

Fax scores to: Name _____ Name of recipient Fax Number _____ Recipient's number

Email scores to: Name _____ Name of recipient Email Address _____ Recipient's email address

X _____
 Signature Date

No one may request your scores without your written permission and signature. If you wish to have a copy of your scores picked up by anyone other than you, you must indicate this at the time of the request or give written permission with your matching signature to pick up the scores.