



College of the Mainland®

## TSI/ACCUPLACER Score Release Form

I, \_\_\_\_\_ request that College of the Mainland Testing Center  
(Name)

release my TSI/ACCUPLACER scores to:

Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

The following information is needed to retrieve scores:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date of Birth – MM/DD/YY)

\_\_\_\_\_  
(Student ID Number)

\_\_\_\_\_  
(Date of Test– MM/DD/YY)

### For Office Use Only

**TSI:** Date Taken: \_\_\_\_\_

\_\_\_\_\_  
Reading

\_\_\_\_\_  
Writing

\_\_\_\_\_  
Math

\_\_\_\_\_  
Essay

\_\_\_\_\_  
Pre-assessment Date

**ACCUPLACER:** Date Taken: \_\_\_\_\_

\_\_\_\_\_  
Essay

\_\_\_\_\_  
Sentence Skills

\_\_\_\_\_  
Reading

\_\_\_\_\_  
Reading Equiv.

\_\_\_\_\_  
Arithmetic

\_\_\_\_\_  
Elem. Algebra

\_\_\_\_\_  
College Math

Examiner: \_\_\_\_\_

Date Verified: \_\_\_\_\_