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:**

<table>
<thead>
<tr>
<th>Date Taken:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading</td>
<td>Writing</td>
<td>Math</td>
<td>Essay</td>
</tr>
</tbody>
</table>

**ACCUPLACER:**

<table>
<thead>
<tr>
<th>Date Taken:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Essay</td>
<td>Sentence Skills</td>
<td>Reading</td>
<td>Reading Equiv.</td>
</tr>
</tbody>
</table>

| Arithmetic | Elem. Algebra | College Math |

Examiner: ______________________________________

Date Verified: ______________________

Revised: 5/2014