



Office: 409-933-8379 / Fax: 409-933-8014

**TSI/ACCUPLACER SCORE RELEASE FORM**

I, \_\_\_\_\_ request that  
(Name)

College of the Mainland Testing Center releases my TSI/ Accuplacer scores to:

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

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

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

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

I understand the following information is needed by College of the Mainland to retrieve my scores:

\_\_\_\_\_  
Name under which test was taken if different.

\_\_\_\_\_  
Date of Birth – MM/DD/YY

\_\_\_\_\_  
Social Security or Student ID Number

\_\_\_\_\_  
Date Taken

**For Office Use Only**

**TSI:**

\_\_\_\_\_  
Write Placer Essay

\_\_\_\_\_  
TSI Reading

\_\_\_\_\_  
TSI Writing

\_\_\_\_\_  
TSI Mathematics

**Accuplacer:**

\_\_\_\_\_  
Essay

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

\_\_\_\_\_  
Reading

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

\_\_\_\_\_  
Arithmetic

\_\_\_\_\_  
Elementary Algebra

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

\_\_\_\_\_  
Examiner

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