



Testing Services

919 Hunter Dr.
El Paso, Tx 79915
(915)831-3221 or 2044
(915)831-2342 Fax

AUTHORIZATION FOR RELEASE OF PLACEMENT TEST SCORES

(Please fill out this form, then print it, sign and date it and fax or bring in person to Testing Services Dept.)

The below indicated student tested at EPCC and the scores may be accessed using the ACCUPLACER TSI Cross Institution ISR Reporting. All requested information on this form must be completely filled out in order for your scores to be transferred to the requested institution. Missing information will cause a delay in the transmission of your scores.

Name (print): \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI)

\_\_\_\_\_ EPCC Student ID # \_\_\_\_\_ DOB \_\_\_\_\_ Month & Year tested

\_\_\_\_\_ Student's E-mail address \_\_\_\_\_ Student's phone number

I authorize EPCC to retrieve my TSI scores using the Cross-institutional Reporting and \_\_\_\_\_ to release them to: \_\_\_\_\_ Name of Receiving Institution

\_\_\_\_\_ Complete Name & Phone number of Contact Person at Receiving Institution

\_\_\_\_\_ Student ID # at Receiving Inst.

Receiving Institution's e-mail address: \_\_\_\_\_

I hereby knowingly, freely and voluntarily waive any right or cause of action arising as a result of the release of my test scores from which any liability may or could accrue to the Texas Higher Education Coordinating Board, the State of Texas, any other governmental body, institution of higher education, or corporate entity which was associated with the retrieval of the requested information.

By signing this form, you acknowledge that you have complied with the Pre-Assessment Activity Module (PAAM) prior to testing and authorize EPCC to enter your scores in El Paso Community College District system.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Staff has verified that valid photo ID was presented)

Scores were retrieved and emailed to Institution: \_\_\_\_\_ Staff name: \_\_\_\_\_

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