



## Del Mar College Testing Center

3013 Ayers St.

Corpus Christi, TX 78404

Phone: 361-698-1645

Fax: 361-698-2219

testing@delmar.edu

## Score Request Form

Please submit the completed form by mail, fax or in person.

*In accordance with the Family Educational Rights and Privacy Act (FERPA), Del Mar College must obtain written consent from a student prior to releasing test scores.*

### **EXAMINEE INFORMATION:**

Exam:  TSI  THEA  Other: \_\_\_\_\_

Where was the Exam Taken:  Del Mar College  Other: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Please release my scores to the following via  Fax  Mail or  Pick-Up (choose one)**

Name of Institution/Pick Up Designee: \_\_\_\_\_

Attention To: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

**I hereby give permission for the Del Mar College Testing Center to release a copy of my test scores to the above person or institution.**

\_\_\_\_\_  
Student Signature (Do Not Print)

\_\_\_\_\_  
Date

### **For Office Use Only:**

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

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

Staff Initials: \_\_\_\_\_

**Please allow 48 hours to process your request.**