



Score Release Form

7101 University Avenue, Texarkana, TX 75503
Phone (903) 223-3072 ♦ Fax (903) 223-3184
testingcenter@tamut.edu

Students requiring Texas A&M University-Texarkana to retrieve or send their assessment score(s) from/to another institution, organization or agency MUST complete this form. After completing the form, it must be submitted to the Testing Center. Please allow at least two (2) business days to process your score request once it has been received.

STUDENT INFORMATION

Student Name _____ A&M-Texarkana CWID _____
Date of Birth _____ Phone/Cell Number _____
Address _____
City _____ State _____ Zip Code _____
Email _____

Score(s) Retrieval

Students please complete this section if you plan to enroll at A&M-Texarkana and have completed assessment(s) at another institution and you authorize A&M-Texarkana to retrieve your score(s).

Assessment Name _____
Test Date _____
Institution Name You Took The Assessment _____

Release Assessment(s) Scores/Official Report

Students please complete this section if you have completed an assessment(s) at A&M-Texarkana and you authorize A&M-Texarkana to send your assessment(s) to another institution.

INSTITUTION INFORMATION

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Fax Number _____
Email _____

HOW TO SEND/RETRIEVE ASSESSMENT(S)

Email Fax Pick-up Mail

Signature Required

I hereby acknowledge that I am the student requiring my assessment(s) score and authorize A&M-Texarkana to retrieve my report from the institution listed or to release my individual assessment(s) scores to the institution specified above.

Student Signature _____ Date _____
Parent Signature (students under 18 years) _____ Date _____

FOR DEPARTMENT USE ONLY

Date Received _____ Date Processed _____ Staff Initials _____