



## Test Score Release Form

Students who would like to have Texas A&M University-Texarkana retrieve or send their test score(s) from/to another institution, organization or agency must complete this form. After completing this form it must be submitted to the Testing Center. Please allow the Testing Center 24-hours to retrieve scores.

### Student's Information

Student's Name: \_\_\_\_\_  
CWID: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home /Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Recipient's Information

Name of Institution: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Test Information

Name of Test: \_\_\_\_\_  
Test Date: \_\_\_\_\_  
Student ID Used at Testing Institution: \_\_\_\_\_

### Send Test Score(s) To Recipient Via

- Electronic
- Mail
- Fax

### Student's Authorization

#### Test Score(s) Release Form

~~~Test score(s) will not be released without signed authorization from student. ~~~

I, \_\_\_\_\_ authorize Texas A&M University-Texarkana to release my test score(s) to the,  
*Hand Print Your Name*  
institution, organization, or agency (Recipient) listed on this form.

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

### For Department Use Only

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

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

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