

## **TEST SCORE RELEASE FORM**

**Directions**: Complete all fields in the form. Fill out an additional request if a second copy is to be sent to another address. After completing this form, it must be submitted to ATC Testing Services, along with a copy of the student's picture identification card. The form can be dropped off, mailed, or emailed with a copy of your driver's license. All financial obligations to the college must be satisfied before test scores can be released.

Please allow 24 hours for requests to be processed. Exams administered at other institutions will not be released. Incomplete forms cannot be processed. Every attempt is made to properly mail requests, but the institution can assume no responsibility for final delivery.

## **Current Name on Record**

First	Middle	Last
ATC Student ID		Phone Number
Signature of Student		Date
Please check below the ma	anner in which you would wa	nt your test scores released.
To Be Picked Up		
By Fax		
Area Code By Mail		Number
Name of Institution		
Street		Apt
City	State	Zip Code
	Office Use Only:	
Identification Verifie	ed Fee Paid	No Holds
Date Mailed/Faxed/Collected In Person		Initials