REQUEST FOR COMPASS SCORES

▶ PLEASE PRINT NEATLY ◀

Name at Time of Testing _____

Student ID # _____ **Date of Birth** _____

Current Name and Address **Current Phone #**

_____ _____

_____

_____

Approx. Year Tested _____ **Where Tested** _____

Request Records be Mailed to/or FAX (complete name and address)

_____

_____

_____

_____

I give Lower Columbia Colleges permission to release my COMPASS records to the person/institution I named on this form. I understand that score reports will not be faxed but only sent by regular mail. There is currently no charge for this service.

_____

Signature of Test Taker *(required)* ***Date Signed*** *(required)*

Lower Columbia College
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