

TSI SCORE REQUEST FORM

To request a copy of your TSI scores, complete this form in its entirety (incomplete forms will not be processed); then click **Print** to save as a pdf file or print it, then email, fax or mail the completed form to:

Amarillo College Testing Services

P. O. Box 447, Amarillo TX 79178 Email: testingservices@actx.edu Fax: (806) 371-5426

Name (at time of testing)):		
Other possible name(s):			
Testing Location:			
Date of Birth:	Last 4 Di	igits of Social Security:	
Phone Number:	Approxi	imate Testing Date:	
	Instructions for Testi	ing Services Staff	
	Will pick up scores	Please send scores	
Please send a co	py of my TSI scores to the	following mailing and/or email ac	ddress:
Test scores a	re confidential and may o	only be picked up by the tester aft	er
identifica	tion has been verified. Ph	none requests are not accepted.	
Signature:		Date:	

By signing above (manually or electronically), you are giving permission to Amarillo College to release a copy of your test scores to the above person or institution.