

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 or mail the completed form to:

Amarillo College Testing Services

P. O. Box 447, Amarillo TX 79178 Email: testingservices@actx.edu

Name (at time of testing):		
Date of Birth:	Last 4 Diç	gits of Social Security:
Phone Number:	Approxin	nate Testing Date:
	Instructions for Testin	ng Services Staff
	Vill pick up scores	Please send scores
Please send a cop	y of my TSI scores to the f	following mailing and/or email address:
Test scores are	confidential and may or	nly be picked up by the tester after
identificati	on has been verified. Pho	one 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.