



Texarkana College

Test Score Release Form

My name is _____. I authorize the Assessment and Testing Center at Texarkana College to release my

THEA _____ Accuplacer _____ COMPASS _____

scores to: Name: _____

Address: _____

Fax#: _____

Mail scores: _____ or Fax scores: _____

Signature of Student: _____ Date: _____

Please complete the information below so we can locate your scores in the system:

Name used to test: _____

SS#, T# or ID# Used: _____

DOB: ____/____/____

Date Tested: _____

Phone #: _____

Email to: tonja.blase@texarkanacollege.edu

Note: Scores will be mailed or faxed within 2 working days.