PERMISSION TO RELEASE
DIAGNOSTIC TEST SCORES

Student ID No. ____________________ Phone No. ____________________

Name ____________________________ Last First Middle Maiden

Address ____________________________

I authorize Wor-Wic Community College to release my diagnostic testing scores.

Signature _________________________ Date of Request ________________

Name, title and address of person or institution to receive tests scores:

________________________________________

________________________________________

________________________________________

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TEST SCORE REPORT FORM
(To be completed by the Counseling Office)

The following test scores utilized COMPASS tests:

Reading

English

Mathematics

ESL Reading

ESL Grammar

ESL Listening

Released by: __________________________ Date: ____________________

cc: Student File