



Placement Test Score Release Form

Student Information

Name (Last, First, M): _____

SID number: _____

Email: _____

Send my scores to the following email

Print legibly

Name of Institution : _____

Attention to: _____

Email Address: _____

I hereby give permission for the North Seattle College, Testing Center to email a copy of my test scores to the address, person, and/or institution above.

Student signature

Date

For Testing Center Staff Only

Date Received: _____

Date Processed: _____

Staff Signature: _____

This form can take up to 2 business days to complete.