

Trident Technical College Test Score Release Form

Mail to: Trident Technical College Testing Services TS-M

7000 Rivers Avenue N. Charleston SC 29406 Fax: 843-574-6342

Email: suzy.chandler@tridenttech.edu

Please submit the completed form by mail, fax, email, or in person. For more information call 843-574-6684

In accordance with the Family Educational Rights and Privacy Act (FERPA), Trident Technical College must obtain written consent from a student prior to releasing test scores to another institution. Signature is required.

| Legal Name: | | | | | |
|--------------------|---|-------------------|------------------|-------------------------|--------------------|
| | Last F. | irst I | Middle | | |
| Contact Telepho | one Number: | | | | |
| Date of Birth _ | | | | | |
| ☐ Accuplacer | □ COMPASS | ☐ Other _ | | | |
| Send test score | es to the following i | nstitution: | | | |
| Name of Institut | ion: | | | | |
| Attention: | | Fax: | | | Check One: ☐ Mail |
| Email: | | | | | □ Fax |
| | | | | | ☐ Email |
| City: | | State: | Zip: | | |
| I barabu siya nami | acion for Testing Comise | a at Tridant Task | siant Callaga to | | |
| | ssion for Testing Service ompass) to the above na | | nical College to | release a copy of my so | cores |
| | Offi | | | Official Us | e Only |
| | | | | Staff Signature: | |
| Student's Sig | nature Required | Da | te | Processed Date: | |