

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:		
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	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:	