



ALBANY
Technical College

1704 S. Slappey Blvd, Albany, GA 31701

Test Center Phone: 229-430-2709 Fax: 229-430-0652 Email: admissions@albanytech.edu

Placement Test Score Release Form

Use this form to request your placement test scores from Albany Tech to be sent to another institution.

Name:

Last _____ First _____ Middle _____

(Maiden/Other) _____

Student ID or Social Security Number: _____

Address: _____

City _____ **State** _____ **Zip** _____

Phone Number _____

Type of Test : COMPASS ASSET ACCUPLACER **Year Tested:** _____

Send my scores to the following location:

I would like to have my scores: Mailed Faxed Picked Up

Name of Institution or Business: _____

Attention to: _____

Street Address _____

City/State/Zip Code: _____

Fax Number: _____

I hereby give permission for the Testing Center of Albany Technical College to release a copy of my test scores to the above named business or Institution.

Please allow 2 to 3 business days to process your request. Request time will vary during peak processing. Please include a copy of your photo ID.

Student's Signature

Date

For Office Use Only:

Date Received: _____

Date Processed: _____

Staff Initials: _____