

Office of Student Support Services Testing Services 800 US Hwy 29 N Athens, GA 30601-1500

Fax: 706-552-0970

## TEST SCORE RELEASE FORM

**Directions**: Complete all fields in the form. Fill out an additional request if a second copy is to be sent to another address. After completing this form it must be submitted to ATC Testing Services, along with a copy of the student's picture identification card. The form can be dropped off, mailed, or faxed. All financial obligations to the college must be satisfied before test scores can be released.

Please allow 24 hours for requests to be processed. Exams administered at other institutions will not be released. Incomplete forms cannot be processed. Every attempt is made to properly mail requests, but the institution can assume no responsibility for final delivery.

## **Current Name on Record**

First	Mi	ddle Last
ATC St	tudent ID	Phone Number
Signatu	re of Student	Date
Please	check below the matter in which yo	ou would want your test scores released.
To	o Be Picked Up	
<b>B</b> 3	y Fax	
_	Area Code y Mail	Phone Number
Name o	of Institution	
Street		Apt
City	State	Zip Code
		Office Use Only:
	Identification Verified	Fee Paid No Holds
Date	e Mailed/Faxed/Collected In Person	Initials