**Placement Score Release Form Assessment Center, Miller Hall 103 PO Box 587** 

Pendleton, SC 29670

(864) 646-1300 Fax: (864) 646-1419



In accordance with the Family Educational Rights and Privacy Act (FERPA), Tri-County Technical College must obtain written consent from a student prior to releasing placement test scores to another institution. Students requesting placement test scores must provide photo identification along with this completed form. When mailing or faxing this form, a student must send with this completed form a photocopy of a state-issued photo identification, such as a driver's license. If request is faxed, credit card information must be provided. Placement test scores will be mailed or faxed, to the institution indicated below, the same day this form is received.

Legal Name:(Please Print)					
(Please Print)	(Last)	(First)	(Middle)	(Maiden/Other)	
Address:					
City:		State:	Zip:		Please
Last 4 digits of Social S	Security Number:		Phone:		print legibly.
□ COMPASS	□ASSET Year Test	ed:	Testing Location	:	
Send test scores to	the following institu	tion:			
Name of Institution:					
Attention:			Fax#:		Check one:
Address:					□Mail □Fax
City:		State:	Zip:		[
	sion for the Assessment scores to the above name				
				For Official	Use Only:
Student's Signature (required by law)				Date Received:	
Date				staff Initials:	
Method of Payment:	☐ Enclosed \$30 Check		□ Visa	☐ MasterCard	□Discover
	Mail Request To:		Card #:		
	Tri-County Technical College Attn: Assessment Center		Expiration Date:		
	P.O. Box 587 Pendleton, SC 29670	)	Last 3 digits on the back of debit or credit card:		