



For Office Use Only	
Date Received:	
Date Processed:	
Processed by:	

Testing Center – State Technical College of Missouri

One Technology Drive | Linn, MO 65051

www.statetechmo.edu

Phone (573) 897-5101 | Fax: (573) 897-5033

testingcenter@statetechmo.edu

TEST SCORE RELEASE FORM

Use this form to request your test scores from State Tech to be sent to another college/institution, complete all requested information below. Send completed form to testingcenter@statetechmo.edu. The test scores *cannot* be released without the signature and identification number of the owner of the test scores. Allow **three to four business days** for scores to be released. Incomplete information will delay processing.

Student Information:

1. Student Name: _____
2. Student Identification # or Social Security #: _____
3. Student Date of Birth: _____
4. Student Address (street, city, state, zip):

5. Student Telephone Number: _____
6. Student Email Address: _____
7. Test Scores to be released: ACCUPLACER TEAS Wonderlic Other _____
8. Test Site(s) & Date(s) Test was taken: _____

College/Institution Information:

1. College/Institution Name: _____
2. Name of Contact/Department: _____
3. Address (street, city, state, zip):

4. Email (if requesting to be sent by email): _____
5. Fax Number (if requesting to be sent by fax): _____
6. Send by: Email Mail Fax

By signing this form, I consent for State Technical College of Missouri to release my scores to the above college/ institution. If I type my name below, I understand and agree that this form of electronic signature has the same legal force and affect as a manual signature.

Student Signature: _____

Date: _____