

ACCUPLACER Score Release

TO: Colorado Mesa University Testing Center

SUBJECT: Release of ACCUPLACER Scores

I, _____
(Print Name) (700#) (DOB) (Phone Number)

do hereby authorize the Colorado Mesa University Testing Center to release my ACCUPLACER scores taken
on _____ .
(ACCUPLACER exam date)

Please fill in the information below. Thank you.

I would like my ACCUPLACER scores Emailed Faxed Mailed to:

Institution Name: _____
Point of Contact: _____
Institution Address: _____
Phone: _____
Fax: _____
Email: _____

(signature)

(Date)