Score Release Form

Email completed form to testing1@twu.edu

Name of school district, high school, and/or local community college administering assessment:

_____

Name of student: _____
First Mi Last

Phone:_____Email:_____

Date of Birth: _____

TWU Student ID No: _____

Note: failure to provide a valid TWU student ID number will result in a delay in score posting.

I,_____authorize Texas Woman's
(Student Signature) *NOTE: Electronic signatures must originate from TWU student email address.

University to obtain my TSI Assessment Scores.

Complete the following information if you would like TWU to mail official TSI Assessment scores to another institution.

Institution Name: _____

Department/Office mailing to: _____

Mailing Address: _____

City, State, Zip: _____