



Del Mar College Testing Center
3013 Ayers St.
Corpus Christi, TX 78404
Phone: 361-698-1645
Fax: 361-698-2219
testing@delmar.edu

Score Request Form

Please submit the completed form by mail, fax or in person.

In accordance with the Family Educational Rights and Privacy Act (FERPA), Del Mar College must obtain written consent from a student prior to releasing test scores.

EXAMINEE INFORMATION:

Exam: TSI THEA Other: _____

Where was the Exam Taken: Del Mar College Other: _____

Name: _____

Social Security #: _____

Date of Birth: _____

Telephone Number: _____

Please release my scores to the following via Fax, Mail or Pick Up (check one box):

Name of Institution/Pick Up Designee: _____

Attention To: _____ Phone Number: _____

Street Address: _____

City, State, Zip Code: _____

Fax Number: _____

Email Address: _____

I hereby give permission for the Del Mar College Testing Center to release a copy of my test scores to the above person or institution.

Student Signature (Do Not Print)

Date

For Office Use Only:

Date Received: _____

Date Processed: _____

Staff Initials: _____

Please allow 48 hours to process your request.