



Updated: 7/5/16

Request for Release of Test Results

- There is a \$10.00 fee per request
- Valid picture ID will be required for release of scores (blown up to 3 X 5 in. if mailing or faxing)
- Please allow 3-5 days working days for processing
- All financial obligations to the College must be cleared prior to the release

Send requests to:

Davis applied Technology college
 Assessment Center
 550 East 300 South
 Kaysville, UT 84037
 Telephone: 801-593-2336
 Fax: 801-593-7861

Student Information

| | | | | | |
|--|--|---------------|---------------|--------------------------|------------------------------|
| Student ID Number or for POST test Last 4 digits of S.S. # | | | Today's Date: | | |
| Name: (please print) | | Last | First | Middle | Former name: (if applicable) |
| Street Address: | | City: | | State: | Zip Code: |
| Telephone Number | | Date of Birth | | Approximate Testing Date | |

Test Record:

Admissions (TABE)
 P.O.S.T.
 Accuplacer
 Other _____

Check here if an "Official Copy" is needed

Recipient of Test Results

Delivery Method:

Mail
 Email _____

Pick-up
 Fax Number: _____
 Attention: _____

Name of Organization: (if more than one address, please attach a list) Attention: _____

| | | | |
|-----------------|-------|--------|-----------|
| Street Address: | City: | State: | Zip Code: |
|-----------------|-------|--------|-----------|

Please include any special mailing instructions for this request form:

Transactions

| | |
|---|------------------------------|
| _____ Paid copies @ \$10.00 = _____ _____ Total Copies | Total enclosed Fee: \$ _____ |
|---|------------------------------|

If you would like to pay by credit card, please include the following: TYPE: VISA Master Card Discover Card

Credit Card Number: _____ CVC: _____ Expiration Date: _____

| | |
|--|--|
| Signature: (required for process request) | Picture ID & NUMBER: (required for process request) |
|--|--|

Office Use Only (PLEASE PRINT)

| | | | |
|---------------------|-----------|---------------------------|-----------------|
| Received on: _____ | By: _____ | ID Verification by: _____ | Invoice # _____ |
| Processed on: _____ | By: _____ | Mailed _____ | Faxed _____ |
| Picked Up _____ | | | |