



Test Score Release Form

Complete all fields in the form. Fill out an additional request if a second copy is to be sent to another address. After completing this form it must be submitted to testingcenterscores@durhamtech.edu.

Please allow **two business days** for the request to be processed. Exams administered at other institutions will not be released. Incomplete forms cannot be processed.

Last Name _____ First Name _____

Previous Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Date of Birth _____

Durham Tech Student ID# _____ Social Security Number (last four digits only) _____

Email Address _____

What version of the test did you complete?

Compass NCDAP Rise

Release my scores by (choose one): Email Mail In person* (must show photo ID)

Mail scores to:

Email Scores to: Name _____

Email Address _____

By checking the checkbox, I authorize Durham Technical Community College to disclose the following information regarding my test scores. No one may request your scores without your written permission and signature. If you wish a copy of your scores to be picked up by anyone other than you, you must indicate this at the time of the request or give written permission with your signature to the person authorized to pick up the score.

Date _____

*Pick up at the Testing Center, Phail Wynn, Jr. Service Center (Building 10), room 10-300, Durham Technical Community College, 1637 East Lawson Street, Durham, NC 27703