

# Authorization To Release TSI Assessment® Test Scores

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The following information must match the information you provided when you took the test.

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
STUDENT'S FULL NAME UTEP/EPCC ID # DOB

do hereby give permission to \_\_\_\_\_  
NAME OF INSTITUTION RELEASING RESULTS

To release my TSI ASSESSMENT® scores to \_\_\_\_\_  
NAME OF INSTITUTION RECEIVING RESULTS

Student telephone number: \_\_\_\_\_ Year tested: \_\_\_\_\_

Institution's contact Information: Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Fax Number: \_\_\_\_\_ (required)

I hereby knowingly, freely and voluntarily waive any right or cause of action arising as a result of the transmission of my test scores from which any liability may or could accrue to The Texas Higher Education Coordinating Board, the State of Texas, any other governmental body, institution of higher education, or corporate entity which was associated with the transmission of the requested information.

I further understand that:

- These scores may be used for course placement purposes only at UTEP/EPCC.
- Scores used for Texas Success Initiative purposes must be transmitted on an official UTEP or EPCC transcript as appropriate.
- I have the right to challenge the accuracy of the transmitted scores.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
STAFF/DEPARTMENT SIGNATURE FROM RECEIVING INSTITUTION

\_\_\_\_\_  
TODAY'S DATE



UNIVERSITY OF TEXAS AT EL PASO  
Student Assessment & Testing  
Academic Advising Center, Bldg., Room 127  
915.747.5009  
Fax 915.747.8013