Authorization To Release TSI Assessment® Test Scores

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