



REQUEST FOR RELEASE OF PLACEMENT TEST SCORES

FLORENCE-DARLINGTON TECHNICAL COLLEGE

**P.O. BOX #100548
FLORENCE, SC 29502-0548**

Individuals requesting release of existing or newly-administered FDTC placement test scores from FDTC's Assessment Center must provide identification via this completed form, and proof of fee payment via a payment receipt with their request. (For all requests made via telephone (843/661-8293), fax (843/661-8254) or e-mail (assessmentcenter@fdtc.edu), the requester must provide this completed, signed release request form and proof of payment (\$5.00 fee payable via FDTC's Business Office (843/661-8310/-8311)). Requests in person must provide one (1) form of official photo ID, a fee receipt, and this completed form listing all required data. Individuals requesting that FDTC administer the Placement Test to them here for transfer back to another institution must provide this completed form, their photo I.D., and payment receipt for the \$20-\$25 test proctoring fee (see list on web) before we can administer the new test, provide a copy of new scores, and fax the score report to the secondary institution. All faxed forms/receipt confirmations are kept on file. All score release requests will be processed within two business days of their receipt by the FDTC Assessment Center (843/661-8293 or 843/661-8024).

TESTER: _____
Last Name, First Name M. Initial DOB & Last 4 Digits of SS#

Address: _____

Phone: _____

Check/Fill In All Appropriate Information:

_____ I have taken the () Compass or () Asset (paper) Placement Test at FDTC within the last 5 years and am requesting that a copy of my scores be sent to the college or university listed below. The approximate months/years of my past testing at FDTC were: _____.

_____ I am at FDTC today to take the () Compass or () Asset Placement Test & request that FDTC transfer my new (and past) test scores to the university or college listed below via facsimile.

Name of College or University Address, City, State, Zip

College/University's Telephone # College/University's Fax Number

Signature of Person Placing Request Receipt# Date Request Submitted

Testing Administrator's Signature Phone Number Date Processed