



TESTING

Office use only:

Received: ____/____/____

Processed: ____/____/____

Testing Center
2705 Houston HWY Jaguar Hall Suite 1129
Victoria, TX 77901
Phone: (361)-485-4500
Fax: (361) 580-5588
testing@tamuv.edu

Instructions:

Please fill out the form below and return via email, testing@tamuv.edu, or fax, 361-580-5588, to the Testing Center. Once report has been retrieved, scores will be submitted to admissions. Please allow 3 business days for processing.

AUTHORIZATION FOR RELEASE OF TSI (Accuplacer) TEST SCORES

Name: ____ (First) ____ (MI) ____ (Last)

DATE OF BIRTH: (MM/DD/YYYY) _____

TESTING INSTITUTION: _____

TESTING INSTITUTION STUDENT ID # (optional): _____ TAMUV STUDENT ID # (optional): _____

I, _____
(Student name)

authorize the **Texas A&M University-Victoria** to obtain my TSI (Accuplacer) test scores from the College Board. 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 College 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 understand that, upon request, the **Texas A&M University-Victoria** will provide me with a copy of my TSI (Accuplacer) test scores received from the College Board. I further understand that I have the right to challenge the accuracy of the transmitted scores.

(Student Signature)

Date: _____

Office use only:

Release to: TEXAS A&M UNIVERSITY-VICTORIA Email: Admissions@tamuv.edu Phone: 361-570-4110