



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](mailto:testingcenterscores@durhamtech.edu).

Please allow \_\_\_\_\_ 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