



Assessment & Testing Center

Humanities & Student Services Building-4, Suite 222,

1600 Chester Ave, Bremerton, WA 98337 Office: 360.475.7238 Fax: 360.475.7470

Test Score Transfer Form

(Student ID #) (Birthdate) (Email)

FERPA Waiver: I, _____, give Olympic College permission to fax or mail
(Print Student Name)
my test scores to _____ which will be used to enter into my
student records.

(Signature of examinee) (Today's Date)

(Name test was taken under if different from above) (Year test was taken)

Institution scores are transferring to: _____

Point of Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Fax: _____ Phone: _____

Fill in the above portion completely and submit to AccuplacerQuestions@olympic.edu

----- -Office Use Only Below This Line- -----

(Test Administrator Name) (Test Admin Signature)