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

(Test Administrator Name) (Test Admin Signature)