RELEASE FORM FOR COMPASS SCORES

YOUR NAME AT TIME OF TESTING (Print): __________________________________________________________

OTHER NAMES POSSIBLY USED: __________________________ DATE OF BIRTH: ________________________

STUDENT I.D. NUMBER: __________________________ PHONE ________________________________

CURRENT NAME AND ADDRESS:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

COMPASS SCORES:

APPROXIMATE DATE TESTED: __________________________________________________________________

TRANSCRIPTS WILL BE:

☐ FAX’D (number) : __________________________ Dept/Contact Name: ________________________________

☐ EMAIL ADDRESS: ____________________________________________________________

☐ PICKED UP BY: _________________________________________________________________

☐ IF MAILED: (PLEASE give FULL NAME & ADDRESS of Institution):
____________________________________________________________________________________

PLEASE NOTE: We do not charge for this service, therefore we ask you to provide all pertinent
information required: Institution, Contact name, Phone and Fax number, and/or Email address, so
we can transfer your record appropriately.

School Name: __________________________________________________________
Full Address: _________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

I give Clark College permission to release my COMPASS records to the person or institution I
named on this form. I understand that information will be faxed, picked up in-person or sent by
regular mail. This form may be mailed or faxed.

__________________________________________
Signature of Examinee

__________________________________________
Date

Clark College - Assessment Center
1933 Fort Vancouver Way - MS# PUB 014 Vancouver, WA 98663 - TEL: 360.992.2588 - FAX: 360.992.2984