



# Test Score Release Form

Angelo State University  
Testing Center  
ASU Station #11022  
San Angelo, TX 76909-1022  
325-942-2339

Please fill out this form *completely* and mail the form to the above address or fax it to 325-942-2023. Test scores will not be released without **signed** authorization from the student and without this form being completed in its entirety.

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

I, \_\_\_\_\_, authorize Angelo State University  
(print your full name)  
to release my ACCUPLACER examination scores to the following school, agency, or organization:

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Individual or Department Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
FAX number

\_\_\_\_\_  
Your signature (Do not print.)

\_\_\_\_\_  
Date