

Alvin Community College

TSI Assessment Score Retrieval Form

First Name:

Last Name:

DOB:

ACC Student ID Number:

Name of educational institution where TSI was previously taken:

I give ACC permission to retrieve/process my test scores taken at another Texas institution. My electronic signature grants ACC permission to retrieve and process my test scores that were taken at another Texas institution.

E-signature:

Date:

Email completed form to: Assessment@alvincollege.edu.

This area for ACC use only.

Date: _____ Writing – SEN _____ ABE: _____ Essay _____ Code: _____

Date: _____ Reading _____ ABE: _____ Entered by: _____

Date: _____ Math: _____ ABE: _____ DEVC Reviewed by: _____