

**REQUEST FOR TESTING RESULTS
RELEASE FORM**

(Requests will be processed within 3 to 5 working days.)

**TO: MS. PHYLLIS STOUDENMIRE
STUDENT RECORDS
3250 St Matthews Road
Orangeburg SC 29118
Fax: (803) 535-1368**

FROM: Name of Student _____

Social Security Number: _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

Telephone (_____) _____

Type of Results: _____ Date & Place Taken: _____

List the Type of Test Results you are requesting.
(Example: TEAS, Accuplacer, etc.)

(Bamberg, Cope OCtech, etc.)

Results to be: **Mailed** **Faxed** **Pick-up**
Name & Address Contact & Fax Number Name of Person to Pick Up
(Circle one and enter information below)

Fee: \$15.00 Code for Student: CTEST
Code for Non-Student: TEST

Student Signature/Examinee

Date

Approved & Processed By Signature

Date