REQUEST FOR TESTING RESULTS
RELEASE FORM
(Requests are processed on Mondays and Wednesdays at 8:00 am and the request and payment must be in at least a day prior to processing.)

TO: MS. PHYLLIS STOUDENMIRE
STUDENT RECORDS
3250 St Matthews Road
Orangeburg SC 29118
Fax: (803) 535-1368 or Email: StudentRecords@octech.edu

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: HOBET, NET, TEAS, Compass, 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