



AUTHORIZATION FOR RELEASE OF TSI ASSESSMENT SCORES

PLEASE PRINT LEGIBLY:

NAME: _____
Last First Middle

UT Arlington Student ID#: _____

Cell/Home Phone #: _____ Email Address: _____

Date of Birth: _____ (mm/dd/yyyy)

The exact name you used when you took the TSI Assessment (if different from above):

Name:

Last First Middle

- Did you take the TSI Assessment at a **college or university**? Where?

- Did you take the TSI Assessment **through a college or university at a high school**? Which college?

- Did you take the TSI Assessment at a **high school**? Which high school & which school district?

The ID# you used when you took the TSI Assessment (optional): _____

Date of the TSI Assessment: _____ (mm/dd/yyyy)

TSIA – Writing

TSIA - Reading

TSIA - Math

I hereby knowingly, freely, and voluntarily waive any right or cause of action arising as a result of the transmission of my test scores from which any liability may or could accrue to the University of Texas at Arlington, the State of Texas, and any other governmental body, institution of higher education, or corporate entity which was associated with the transmission of the requested information.

Signature: _____

Date: _____ (mm/dd/yyyy)

Complete, sign and return this form to the UT Arlington Testing Services Office:

- Bring this form to UT Arlington Testing Services Office, University Hall Room 004 along with your Photo ID.
- Fax this form & photocopy of Photo ID (visible) to UT Arlington Testing Services Office at 817-272-7532 or scan/e-mail to UT Arlington Testing Services Office at assessment@uta.edu & photocopy of Photo ID (visible).