Test Score Release Authorization

(Accuplacer only)

Please Print:

Requestor's First Name_____ Middle Initial_____ Last Name_____

UALR "T" number **T** ___ ___ ___ ___ ___ ___ ___ ___ Date of Birth ___ ___/___ ___/___ ___
mm/dd/yy

Address/P.O. Box_____ City_____ State_____ Zip___ ___ ___ ___ ___

Phone# (___ ___ ___) ___ ___ ___-___ ___ ___ ___ Email:_____

I hereby authorize the University of Arkansas at Little Rock, Testing Services to release my Accuplacer test score results to the following person, agency, service, or institution:

Name_____ Agency/Institution_____

Department_____ Address/P.O. Box_____

City_____ State_____ Zip___ ___ ___ ___ ___

Fax# (__ __ __) __ __ __-__ __ __ __ Phone# (__ __ __) __ __ __-__ __ __ __ Email:_____

Important: You must attached/upload a picture of your photo ID.

Requestor's Signature_____ Date Submitted: ___ ___/___ ___/___ ___
mm/dd/yy

Send this completed form and a **picture of your photo ID** to:

Testing Services
University of Arkansas at Little Rock
2801 South University Avenue
Student Services Center, room 315
Little Rock, Arkansas 72204

Fax: 501.569.8096 Email: proctor@ualr.edu