



Placement Scores Release Form

I, _____, hereby request to have my

Print Name

Assessment scores released to:

Name of School/Institution

Please choose one of the following delivery methods:

I will pick them up in person (please bring a valid photo ID; scores cannot be faxed directly to a student)

Please fax or email them to: _____

Fax or email of School/Institution

Attention To/Contact Name

Contact Phone Number

Please release my (check all that apply): Math scores English Scores

Student Information:

GAV ID #: _____ **Receiving School SID #:** _____

DOB: _____ **Daytime Contact Phone #:** _____
MM/DD/YY

Email: _____

Notes: _____

Signature of Tester (Required)

Date

Gavilan College Testing Services
5055 Santa Teresa Blvd. Gilroy, CA 95020
Phone: (408) 846-4992 **Fax:** (408) 852-2853
sporteur@gavilan.edu

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