DAVISTECH
DAVIS TECHNICAL COLLEGE

updated: 6/20/18

Request for Release of Test Results

- **There is a $10.00 fee per request**
- **Valid picture ID will be required for release of scores** (blown up to 3 X 5 in. if mailing or faxing)
- **Please allow 3-5 days working days for processing**
- All financial obligations to the College must be cleared prior to the release

Send requests to:

Davis Technical College
Assessment Center
550 East 300 South
Kaysville, UT 84037
Telephone: 801-593-2336
Fax: 801-593-7861

Student Information

Student ID Number: **or** **NPOST Last 4 digits of Social Security Number:**	**Today's Date:**
Name: (please print) Last First Middle	**Former name: (if applicable)**

Street Address:	**City:**	**State:**	**Zip Code:**

Telephone Number	**Date of Birth**	**Approximate Testing Date**

Test Record:

❑ **Admissions (TABE)** ❑ **P.O.S.T.** ❑ **Accuplacer** ❑ **Other** _____

❑ Check here if an "Official Copy" is needed

Recipient of Test Results

Delivery Method:

❑ **Mail** ❑ **Email** _____

❑ **Pick-up** ❑ **Fax Number:**_____**Attention:**_____

Name of Organization: (if more that one address, please attach a list)	**Attention:**

Street Address:	**City:**	**State:**	**Zip Code:**

Please include any special mailing instructions for this request form:

Transactions

_____ **Paid copies @ $10.00 =** _____ _____ **Total Copies**	**Total enclosed Fee: $**_____

If you would like to pay by credit card, please include the following: TYPE: ❑ **VISA** ❑ **Master Card** ❑ **Discover Card**

Credit Card Number:_____ **CVC:**____ ____ ____ **Expiration Date:** _____

Signature: (required for process request)	**Picture ID & NUMBER: (required for process request)**

Office Use Only (PLEASE PRINT)

Received on: _____ ***By:*** _____ ***ID Verification by:*** _____ ***Invoice #*** _____

Processed on:_____ ***By:*** _____ ***Mailed*** ____ ***Faxed*** ____ ***Picked Up*** ____