ACCUPLACER/TEST SCORE RELEASE FORM

Date: ________________

I, ___________________________________                                ___________________________
(Print Name)                                                                              (Student Id Number)

authorize the Academic Advising Center at the University of Massachusetts Dartmouth to
release my placement test scores to the educational institution listed below.

______________________________                       ________________________________
Institution where scores to be sent                           Contact person at the New Institution

______________________________                                    ________________________________
Fax Number where scores to be sent       Telephone Number of the Contact person

UMass | Dartmouth

285 Old Westport Road
North Dartmouth, MA 02747
www.umassd.edu/acadvising

ACADEMIC ADVISING CENTER

285 Old Westport Road
North Dartmouth, MA 02747
Tel: (508)999-8455
Fax: (508)999-8850
Email: academicadvising@umassd.edu

www.umassd.edu/acadvising

Email: academicadvising@umassd.edu