Authorization to Release ACCUPLACER® Test Scores

Student Name_______________________________ Student ID#________________________________
Address____________________________________ City, State, Zip___________________________
Email______________________________________ Phone____________________________________
*Test Date(s)________________________________

I, _________________________________________, hereby authorize Wilmington University to release
my ACCUPLACER® scores to:

University Name_____________________________ Administrator Name________________________________
Address____________________________________ City, State, Zip___________________________
Email______________________________________ Phone____________________________________
Fax________________________________________

______________________________  __________________________
Student’s Signature                      Date

Please email the completed form to the email address listed below. If you prefer, you may fax or
mail the form to the address and number provided below.

Debbie Taylor
Wilmington University
320 North DuPont Highway
New Castle, DE 19720
Email:  Debbie.b.taylor@wilmu.edu or
       placementtesting@wilmu.edu
Phone: 302-356-6933
Fax: 302-328-9419

*I understand that this release is for the specified test date(s) only.