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: 302-328-8907

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