



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 ALEKS 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.

Dedra Poe
Wilmington University
320 North DuPont Highway
New Castle, DE 19720
Email: dedra.a.poe@wilmu.edu or
placementtesting@wilmu.edu
Phone: 302-356-6984
Fax: 302-328-9419

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