

**SCORE REQUEST FORM**

**To request scores, please complete and return this form:**

- in person at the Testing Center, second floor of the Smith-Pendergraft Campus Center, 8 a.m. - 6 p.m. Monday through Thursday and 9 a.m. - 5 p.m. on Fridays.
- by fax at (479) 424-6682.
- by mail at: University of Arkansas - Fort Smith, Attn: Testing Center, PO Box 3649, Fort Smith, AR 72913-3649.
- by scanning and emailing this completed form to [testing@uafs.edu](mailto:testing@uafs.edu) (must include photo ID).

Name \_\_\_\_\_

IDN/SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

**STUDENT SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**A \$5.00 (per copy) charge, payable at the Cashier's Office (479-788-7060), before your score request will be processed. Number of copies: \_\_\_\_\_ @ \$5.00 per copy**

|                           |                            |
|---------------------------|----------------------------|
| <b>Fax scores to:</b>     |                            |
| _____                     | _____                      |
| Fax # including area code | Name of Institution/Person |

|                         |                            |
|-------------------------|----------------------------|
| <b>Email scores to:</b> |                            |
| _____                   | _____                      |
| Email address           | Name of Institution/Person |

|                            |       |     |
|----------------------------|-------|-----|
| <b>Mail scores to:</b>     |       |     |
| _____                      |       |     |
| Name of Institution/Person |       |     |
| _____                      |       |     |
| Mailing Address            |       |     |
| _____                      |       |     |
| City                       | State | Zip |

No one may request your scores without your written permission and signature. If you wish a copy of your scores to be picked up by anyone other than you, you must indicate this at the time of the request or give written permission with your signature to the person authorized to pick up the scores.

**Testing Office:** \_\_\_\_\_ **Date Processed:** \_\_\_\_\_ **Initials** \_\_\_\_\_  
**Date Sent:** \_\_\_\_\_ **Initials** \_\_\_\_\_