

Request for GCTC Compass Test Scores

Please PRINT clearly and fill out form completely

NAME: _____
Last
First
Middle

Student ID or Social Security Number: _____ Phone: _____

Other name used on your records while attending our college (example: maiden or former): _____

Number of copies: _____

- \$5/ea Compass Test Scores to be mailed
- \$7/ea Compass Test Scores to be processed on demand
- \$10/ fax & mail hardcopy of Compass Test Scores

***Compass Test Scores services are withheld for any student who owes any KCTCS college money or property.**

Payment Options/Processing Time

- Cash / Money order / Credit Card (within 3 business days)
- Check (transcripts paid with a personal check will be processed within 14 business days)

Please **PRINT** the **COMPLETE ADDRESS** or **FAX NUMBER** where you want your Compass Test Scores to be sent.

1. _____ _____ _____ _____	2. _____ _____ _____ _____
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In accordance with Federal law and KRS 164.283 records cannot be released without the written consent of the student.

I authorize the release of my Compass Test Scores to the organization or party listed on this request

Signature: _____ Date: _____

This form must be signed and returned to:

**Attn: Registrar's Office
 Gateway Community and Technical College
 Student Service Center
 790 Thomas More Parkway
 Edgewood, KY 41017
 Fax: (859) 341-6859**

FOR OFFICE USE ONLY

Date Mailed: _____

Initials: _____