



## **Request for GCTC Compass Test Scores**

Please PRINT clearly and fill out for	orm completely	
NAME:		
Last	First	Middle
Student ID or Date of Birth:	Pho	ne:
Other name used on your records when	nile attending our college (example: maid	en or former):
Number of copies:		
☐ \$5/ea Compass test scores to b☐ \$7/ea Compass test scores to b	oe mailed oe processed on demand (Monday – Fr	iday 8:30 a.m. – 4:00 p.m. <u>ONLY</u> )
*Compass Test Scores are w property.	rithheld for any student who ow	es any KCTCS college money or
•	e Card (within 3 business days) a personal check will be processed withir	n 14 business days)
Please <u>PRINT</u> the <u>STUDENT, SCHO</u> test scores to be sent.	OOL OR COMPANY NAME AND COMPL	<b>_ETE ADDRESS</b> where you want your Compas
1.	2.	
	<del></del>	
	<del></del>	
to accordance 20 Entrolle and	I/D0 404 000	
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 Compa	ss test scores to the organization or party	listed on this request.
Signature:		Date:
This form must be signed and returne	d to: Attn: Registrar's Office Gateway Community and Tec Student Service Center	hnical College
	790 Thomas More Parkway	
	Edgewood, KY 41017 Fax: (859) 442-1107	FOR OFFICE USE ONLY
		Data Mailad:

Initials: