

COMPASS SCORE REQUEST FORM

Alabama A&M University—Testing Services Center—302 Bibb Graves—100 Drake Dr # 549 Normal Alabama 35762

Phone: 256-372-5653—Fax: 256-372-5008—Email: testing@aamu.edu

REQUEST FROM:

NAME: _____ BANNER ID # _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I, _____, give Alabama A&M University Testing Services Center permission to send a copy of my COMPASS scores to the name and address identified below.

SIGNATURE: _____ DATE: _____

WHERE TRANSCRIPTS SHOULD BE SENT:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FAX: _____ EMAIL: _____