

## Permission to Release TSIA2 Scores

Please fill out the entirety of the form below. Upon completion, please email to the Testing Center at [testing@sulross.edu](mailto:testing@sulross.edu).

### Required Information Needed:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Institution Tested: \_\_\_\_\_

I, \_\_\_\_\_ give Sul Ross State University permission to release my scores to:

Self

Relative (First, Last Name, Relation) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date