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## **Permission to Release TSIA2 Scores**

Please fill out the entirety of the form below. Upon completion, please email to the Testing Center at <a href="testing@sulross.edu">testing@sulross.edu</a>.

Required Information Needed:	
First Name:	
Last Name:	
Date of Birth:	
Institution Tested:	
I,release my scores to:	give Sul Ross State University permission to
□ Self	
☐ Relative (First, Last Name, Relation)	
Signature	 Date