



TSI Cross-Institutional Score Report Request Form

First Name:

Last Name:

SJC G Number:

Date of Birth:

Email Address:

Phone Number:

College, High School, or ISD where the test was taken:

I give my permission for San Jacinto College to retrieve my TSI Assessment scores from the institution listed on this form and for those TSI Assessment scores to be applied to my San Jacinto College records for the purposes for skills placement. I hereby knowingly, freely, and voluntarily waive any right or cause of action arising as a result of the transmission of my test scores from which any liability may or could accrue to San Jacinto College, the State of Texas, and any other governmental body, institution of higher education, or corporate entity which was associated with the transmission of the requested information. It may take up to 72 hours for my test scores to be retrieved from the other institution.

Student's Signature:

Date: