



# Madison College Testing Center

## Test Score Record Request Form

**Complete and submit in person or via U.S. mail, Email, or by FAX:**

**Address**

Madison College Testing Center  
2125 Commercial Avenue – Room 215  
Madison, Wi 53704

**Phone**

Voice: (608)246-5220  
FAX: (608)246-5227  
Email: assessmentcenter-CAC@madisoncollege.edu

**Type of Test:**

COMPASS

ACCUPLACER

TABE

ASSET

Please Print Your Name: \_\_\_\_\_  
(Last Name) (First Name) (MI)

Previous Name (if applicable): \_\_\_\_\_

Present Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Current Telephone Number: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(month) (Day) (Year)

Madison College ID Number: \_\_\_\_\_ Approximate Date of Test: \_\_\_\_\_  
(month) (Day) (Year)

***I hereby authorize Madison College to release the above Test Score Record.***

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Send Record To:**

Address listed above

By U.S. Mail Organization: \_\_\_\_\_ Attention: \_\_\_\_\_  
\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

By FAX To: Organization: \_\_\_\_\_ Attention: \_\_\_\_\_  
FAX Number: ( ) \_\_\_\_\_

Electronically: Email or web address: \_\_\_\_\_

Questions? For assistance with this form, you may contact the Testing Center (608)246-5220

Testing Center Use Only:	
Staff Name: _____	Date Processed: _____