# REQUEST FOR TESTING RESULTS
## RELEASE FORM
## (Requests will be processed within 3 to 5 business days after payment.)

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**TO:**

    **STUDENT RECORDS**
    **3250 St Matthews Road**
    **Orangeburg SC  29118**
    **Fax: (803) 535-1368  or Email: StudentRecords@octech.edu**

**FROM:** Name of Student_____

Social Security #: _____ - _____ - _____   or  OCtech Student ID #: _____

Address_____City_____State_____Zip_____

Telephone (_____) _____

Type of Results:_____ Date & Place Taken: _____
      List the Type of Test Results you are requesting.           (Bamberg, Cope OCtech, etc.)
      (Example:  Accuplacer, TEAS, etc.)

Results to be:      Mailed          Faxed          Pick-up
            Name & Address       Contact & Fax Number    Name of Person to Pick Up
                       (Circle one and enter information below)

_____

_____

Fee:  $15.00         Code for Student:  CTEST
                        Code for Non-Student:    TEST

_____        _____

Student Signature/Examinee             Date

_____        _____

Approved & Processed By Signature       Date