



**University of Houston-Downtown**  
**TSI/Accuplacer Transcript Request**  
Office of Testing Services

Please complete this form legibly.

**Date:** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_

I, \_\_\_\_\_, authorize the University of  
*(Last, First and Full Middle Name)*  
Houston-Downtown Testing Services department to release my TSI/Accuplacer test scores.

**Name exam was taken under:** \_\_\_\_\_  
*(Last, First and Full Middle Name)*

**Date of Birth:** \_\_\_\_\_ **Month and Year Tested:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature (Required)

Mark an "x" in the box  if the transcript is for self or if for a college/institution complete below:

**Please address my scores to the below institution:**

**College/Institution:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_